



**COTTAGE HOME CARE  
SERVICES**

25 Newbridge Road, Ste#302, Hicksville, NY 11801

Tel:516.367.2266 \* Fax:516.367.1067

## DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

**Name:**

**Address:**

**City, State, Zip:**

**SSN Last 4-Digits:**

**DOB:**

**Name of Bank:**

**Account #:**

**9-Digit Routing #:**

**Amount:** ☐ \$ ☐ % or ☐ Entire Paycheck

**Type of Account:** ☐ Checking ☐ Savings (Check One)

*Attach a voided check for each bank account to which funds should be deposited (if necessary)*

\_\_\_\_\_ [**Cottage Home Care Services**] is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_