



**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: