



Direct Deposit Form

Olathe Medical Center

Olathe Health Physicians

Miami County Medical Center

Select Type of Enrollment

If opting for Direct Deposit, please select the appropriate option below and complete the banking information section.

New Direct Deposit Enrollment

Change of Direct Deposit Accounts or Amounts

	<i>Bank Name</i>	<i>9 Digit Routing Number</i>	<i>Account Number</i>	<i>Account Type</i>	<i>Amount to be Deposited</i>
<i>Primary Account</i>		-----		<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i> <input type="checkbox"/> <i>Paycard</i>	<i>Balance</i>
<i>2nd Account</i>		-----		<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i> <input type="checkbox"/> <i>Paycard</i>	\$
<i>3rd Account</i>		-----		<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i> <input type="checkbox"/> <i>Paycard</i>	\$

- Please attach a copy of a voided check to the back of this form
- In order to make this change immediate, direct deposit forms must be received by the payroll department on or before the Monday preceding your pay date.

I hereby authorize Olathe Health to initiate credit entries and to initiate, if necessary, debit entries & adjustments for any credit entries in error to my account. This authority will remain in effect until I file a new Authorization Form or until my employment is terminated. Direct pay to the account(s) shown above.

Printed Name _____ Lawson # ____-____-____ Phone # _____

Signature _____ Date _____

<i>Payroll Department Use Only</i>				
	HR11 _____	PR12 _____	CMS _____	Entered By: _____