RIGHT ACCORD
Private Duty-Home Health Care
3900 Clark Road Suite B5, Sarasota, FL 34233
941.366.0801 | www.rightaccordhealth.com

Direct Deposit Agreement Form

Name:	
Address:	
Telephone number:	(h) (c)
Email address:	

Authorization Agreement

I hereby authorize **Right Accord** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Right Accord** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Right Accord** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Right Accord** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ☐ Savings ☐

Signature

Authorized Signature: _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.