

Payroll Service Center Direct Deposit Form

Employee Name (Please Print)	Employee ID#	Date
Facility Name	HR Company	Process Level

(See HR for HR Co. and Process Level)

<input type="checkbox"/>	I elect to receive direct deposit into my existing checking/savings account.
<input type="checkbox"/>	I elect to receive direct deposit into a Skylight Debit Card Account. Do NOT complete the account information if you selected Skylight Debit card account, the PSC will complete. <u>If you want to deposit monies into additional accounts along with a Skylight Debit Card Account, fill out the appropriate boxes below for your other accounts.</u>

Authorization Agreement

I hereby authorize HCA and/or its affiliates and the financial institutions listed below to electronically deposit monies to the specific account numbers listed below. If monies which I am not entitled to are deposited to my account I authorize my employer to direct the financial institution to return said funds.

If my financial institution is involved in a successor transaction, the authorization will remain in effect. I will be responsible for notifying the Payroll Service Center (PSC) by completing this form for cancellation if I do not want funds to go to the successor financial institution.

This agreement will remain in effect until the Payroll Service Center receives written notification from me of its termination in such a manner as to afford the PSC and my financial institution a reasonable opportunity to act on it.

By signing below I acknowledge that I have read the authorization and agree to comply with all of the terms and conditions as stated and that I have read the Direct Deposit information on the back of this sheet.

Account Information for NET PAY DEPOSIT ONLY

Name of Financial Institution:

Routing Number:

Enroll / Change

Cancel

Account Number:

Checking / Savings

100.00 %

Account Information for PARTIAL PAY DEPOSIT ONLY***

Name of Financial Institution:

Routing Number:

Enroll / Change

Cancel

Account Number:

Skylight Card / Checking / Savings

Amount

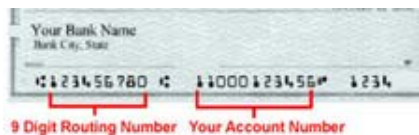
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Signature

Authorized Signature:

Please attach a voided check or document proof of your account number and financial institution's Transit\ABA routing number for each direct deposit account and forward to your HR Department. DO NOT ATTACH A DEPOSIT SLIP.

***If you need additional accounts (up to a maximum of 5), please attach a separate sheet with the appropriate information.



All Direct Deposit references also apply to Skylight Debit Card Accounts