CHINESE-AMERICAN PLANNING COUNCIL HOME ATTENDANT PROGRAM, INC.
CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM MCO/MLTC CONTRACTS
Telephone: 212-219-8100 Fax: 212-966-7371

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL
自動轉帳同意書

I hereby authorize my employer to deposit my net pay directly into my ( ) checking or ( ) savings account (select one) and to initiate (if necessary) debit entries and adjustments for any credit entries to my account.

To ensure that my account is properly credited, I have attached a voided check from my checking account, or a deposit slip from my savings account where my net pay will be deposited and completed the from below.

I agree that this authorization will remain in effect until I provide written notification to my employer terminating this service.

______________________ Signature (Firma 簽名)

______________________ Date (Fecha 日期)

______________________ Last Name (Apellido 姓)

______________________ First Name (Nombre 名)

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______________________ Name as it appears on your account (Nombre como aparece en su cuenta 帳户上姓名)

______________________ Social Security Number (Numero de Seguro Social 工卡)

______________________ Name of your Bank (Nombre de banco 銀行名稱

______________________ Address of your Bank

______________________ Routing Number (Numero de Banco 銀行号碼)

______________________ Account Number (Numero de Cuenta 帳戶号碼)

Attach VOID Check from your bank in the space below
(Adjunte el cheque ANULADO de su banco en el espacio *請貼上失效支票/儲蓄存款單)*