

W&W HEALTHCARE, INC.

195 Crystal Ridge Drive
Crystal Lake, IL 60012
Phone: (815) 477-0976
FAX: (815) 477-2460

EMPLOYEE DIRECT DEPOSIT BANK AUTHORIZATION

PLEASE TYPE OR PRINT CLEARLY

EMPLOYEE INFORMATION		
SOCIAL SECURITY NUMBER _____ - _____ - _____	NAME: LAST, FIRST, MI _____	TELEPHONE NUMBER HOME: _____ WORK: _____
EMPLOYEE ADDRESS		
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		
FINANCIAL INSTUTION		
BANK NAME: _____ ADDRESS (CITY, STATE, ZIP): _____		
ACTION (CHECK ONE) <input type="checkbox"/> Establish <input type="checkbox"/> Discontinue	EFFECTIVE DATE OF ACTION ____ / ____ / ____	TYPE OF ACCOUNT (CHECK ONE) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
<p>I hereby authorize and request Sansone & Associates, P.C., hereinafter called PAYROLL ADMINISTRATOR, to initialize credit entries and/or deposits into my accounts. Authorize, if necessary, debit entries or adjustments only for any credit entries PAYROLL ADMINISTRATOR may have processed in error to my checking or savings account. I further authorize the Financial Institution, hereinafter called DEPOSIT BANK indicated above to credit and/or debit the same to such account. This authority is to remain in full force and effect until the PAYROLL ADMINISTRATOR has received written notification from me of its termination in such time and in such manner as to afford the PAYROLL ADMINISTRATOR and the DEPOSIT BANK a reasonable opportunity to act on the notification. I agree to notify PAYROLL ADMINISTRATOR immediately in writing of any changes to information pertaining to my checking or savings account or to cancel this authorization.</p>		
SIGNATURE:	DATE SIGNED: ____ / ____ / ____	
A BLANK, VOID CHECK PROVIDES YOUR CORRECT BANK INFORMATION.		
PLEASE ATTACH A BLANK, VOID CHECK IN THIS SPACE. THE VOID CHECK MUST BE PREPRINTED WITH THE BANK'S IMPRINTED ACCOUNT NUMBER.		