



REHAB ALTERNATIVES

DIRECT DEPOSIT FORM

Please fill out the following information then sign and return to Rehab Alternatives with a voided check.

Full Name: _____

- New/Additional Account
- Change Account
- Change in Amount
- Other (please explain) _____

I would like my earnings deposited to the following bank account(s):

Bank Name	Type	Amount	Account Number	Routing Number
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			

REQUIRED DOCUMENTATION FOR EACH ACCOUNT:

- Voided Check for each account. (We are unable to accept temporary or starter checks.)

Note: It is the clinician's responsibility to verify deposits on a per pay period basis before writing checks against these funds. This authorization can take up to three (3) days to activate. Neither Rehab Alternatives nor Advantage Payroll Services is responsible for bank errors or bank fees. You may cancel Direct Deposit(s) at any time via written communication with a member of Rehab Alternatives Accounting Department.

Clinician Signature Date _____

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize Rehab Alternatives, PLLC to make direct deposits into the above named account.

Accountholder Signature* Date _____

*If Clinician does not have authority to deposit to account.

