

AIM INDEPENDENT LIVING CENTER
Payroll Authorization Form

Employee Name: _____

_____ Mail my check (See employee handbook for mailing policy)

_____ ALINE Debit Card (Activation fee transaction fees applied) Contact AIM's Human Resources Department

_____ Direct Deposit my check

ALL DIRECT DEPOSITS: YOUR FIRST CHECK WILL BE ISSUED AND MAILED TO YOUR HOME ADDRESS UNTIL YOUR BANK ACCOUNT IS VERIFIED.

Which type of account

- For a checking account, attach a voided check.
- For a savings account, attach a deposit slip.

	Checking	Savings
Account Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
Routing Number: _____		
Amount \$ _____ Full Check _____		
Account Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
Routing Number: _____		
Amount \$ _____ Full Check _____		
Account Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
Routing Number: _____		
Amount \$ _____ Full Check _____		

_____ Deposit to Holiday Club Savings in the amount of \$ _____ per pay period.

*Please attach Holiday Club Savings Account forms.

Employee Signature

Date

Human Resources Department

Date