Metro HCBS, LLC.
Payroll Authorization Form

Name of Employee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

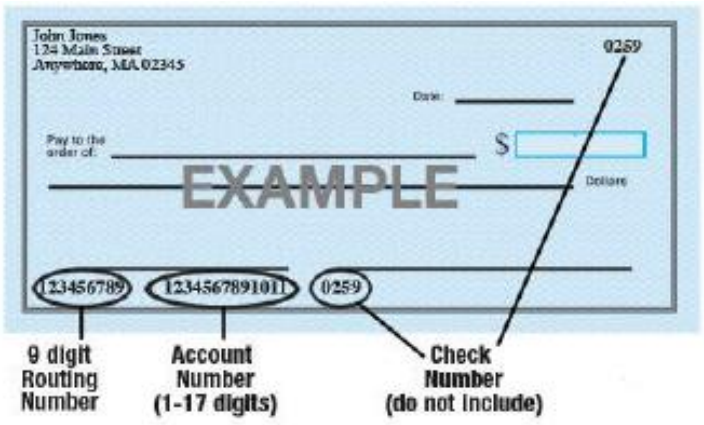
Email: _____

I authorize Metro HCBS, LLC to process my payment as:

☐ Direct Deposit to my bank account **(A voided check or typed bank document reflecting the account and routing numbers MUST be provided to process as Direct Deposit)**

"If you do not have a Direct Deposit account, paychecks will be issued for 90 days from date of employment. After that time period, you must choose an alternate pay method. Details will be provided to you.

I, the undersigned, hereby request and authorize my paycheck to be deposited directly in the Financial Institution named below:



Name of Financial Institution: _____

Account #: _____ ☐ Checking

Routing #: _____ ☐ Savings

☐ Direct Deposit to my debit card **(A printed form from the financial institution with the typed account and routing number MUST be provided to process as Direct Deposit)**

Debit Card/Prepaid Card Name: _____

Account #: _____ Routing #: _____

_____ _____/_____/_____ Verified by: _____

Employee Signature (Caregiver) Date

NOTE: You may be responsible for costs associated with replacement of lost or stolen payroll check.