



Please read the directions below to set up direct deposit of your pay. Failure to follow these instructions may cause a delay in the start of your direct deposit.

1. Complete in full AND sign the **VANTAGE AGING DIRECT DEPOSIT FORM**.
2. For YOUR PROTECTION, we REQUIRE the following backup documentation:

#### **CHECKING ACCOUNT**

- Provide a void check (not a deposit ticket) that is bank-embossed with your name and address.
- If you do not have checks, provide a note from your bank on their letterhead that states your name, account number, routing number, AND type of account. This may be faxed by your financial institution to the Payroll Department at 330-535-2253.

#### **SAVINGS ACCOUNT**

- Provide a note from your bank on their letterhead that indicates your name, account number, routing number, AND type of account. This may be faxed by your financial institution to the Payroll Department at 1-330-535-2253.
3. **Mail or Fax the DIRECT DEPOSIT FORM** with the required backup documentation to:

Vantage Aging  
Payroll Department  
2279 Romig Road  
Akron, OH 44320

Fax: 1-330-535-2253

Please be aware that direct deposits are set up periodically; about every 4-6 weeks.



# DIRECT DEPOSIT

Vantage Aging offers direct deposit to all employees.

In the majority of financial institutions, direct deposit allows access to funds by 8:00 a.m. of the pay date.

**Enrolling in direct deposit is easy! Just follow the instructions below:**

- Complete the authorization agreement below;
- If using a checking account, attach a void check. If using a savings account or loadable card, submit a form from the financial institution verifying routing number and account number. "Checking" or "Savings" account **must** be designated;
- Indicate whether you would like your total check or a partial amount of your check deposited;
- In order to have part of your check deposited at one financial institution and the balance at another institution two authorization agreements must be completed;
- Please return **the completed form and backup documentation** by mail to: Vantage Aging, Payroll Coordinator, 2279 Romig Road, Akron, Ohio 44320 **OR** by fax to: 1-330-535-2253.

**After requesting direct deposit, you will be notified of the pay date your direct deposit will begin.**

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

**COMPANY NAME:** VANTAGE AGING

**COMPANY ID NUMBER:** 51-0148544

I hereby authorize VANTAGE AGING, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my \_\_\_\_\_ Checking or \_\_\_\_\_ Savings account (**select one**) indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.

**Financial Institution (Depository) Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Total Check:** \_\_\_\_\_ **Partial Check Amount: \$** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Names(s) on Account:** \_\_\_\_\_  
(Please Print)

**Social Security #(s):** Last 4 digits only \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SIGNED:** \_\_\_\_\_