

Regions Hospital Direct Deposit Information and Authorization Form

Regions Hospital employees may participate in the Payroll Direct Deposit Program. You may have your paycheck automatically deposited to your checking and/or savings account(s) without changing your present banking relationship.

Direct Deposit is convenient in many ways:

- It saves trips to the bank.
- It saves time in depositing checks – no waiting in long bank lines on payday.
- It eliminates the possibility of lost, stolen, or forged checks.
- Postal system delays won't affect when your deposit is made.
- Your money is deposited even if you are on vacation, ill, or out of the office.
- Direct Deposit is safe, convenient and easy.
- You may deposit your funds into as many as five Checking or Savings accounts.

How Direct Deposit works

- On Thursday, the day before payday, Regions Hospital will have available in Employee Self Service an earnings statement detailing your pay information. (It is recommended you confirm all banking information on your first earnings statement).
- The amount of the deposit to your account will also appear on your bank statement.

How to sign up for Direct Deposit

- A Direct Deposit Authorization Form, (see next page), gives Regions Hospital and your financial institution authority to deposit your pay to your account(s).
- Simply complete the Direct Deposit Authorization Form and return it to Payroll, mail stop 11502J. Direct Deposit Authorizations are processed on a weekly basis but may take up to 30 days to process.
- Changes can be made to your Direct Deposits with written authorization.
- Questions may be directed to the Regions Payroll representative in the HR Service Center at (651) 254-1397

Note: Be sure to sign the form and **attach a voided check or deposit slip** as indicated.

(Authorization Form on next page)

DIRECT DEPOSIT – EMPLOYEE AUTHORIZATION FORM

Regions Hospital Employees

**Please complete and return with voided check(s) or deposit slips to:
HR Service Center, Attention Payroll, Room N2060 Central Building, Mailstop 11502J**

I authorize Regions Hospital and the financial institution named below to automatically deposit my net pay to my account(s) (this includes my authorization to Regions Hospital to reverse any entries made in error). This authority will remain in effect until I give written notice to my payroll department.

PLEASE NOTE: ALL direct deposits will be set up within 30 DAYS OF RECIEPT

| | |
|-----------------------------------|----------------------------------|
| Employee Number: _____ | Date: _____ |
| Employee Name (Print Only): _____ | |
| Address: _____ | City: _____ ST: _____ Zip: _____ |
| Employee Signature: _____ | |
| Phone Number Home: _____ | Work: _____ |

You may allocate up to 5 accounts:

| | |
|--|----------------------------------|
| Name of institution: _____ | |
| * Routing Number: _____ | * Account Number: _____ |
| Amount desired: \$ _____ Checking _____ OR Savings _____ | |
| ***** | |
| Name of Institution: _____ | |
| * Routing Number: _____ | * Account Number: _____ |
| Amount desired: \$ _____ Checking _____ OR Savings _____ | |
| ***** | |
| Name of Institution: _____ | Phone Number: _____ |
| Bank Address: _____ | City: _____ ST: _____ Zip: _____ |
| * Routing Number: _____ | * Account Number: _____ |
| Amount desired: \$ _____ Checking _____ OR Savings _____ | |
| ***** | |
| Name of Institution: _____ | |
| * Routing Number: _____ | * Account Number: _____ |
| Amount desired: \$ _____ Checking _____ OR Savings _____ | |
| ***** | |
| Name of Institution: _____ | |
| * Routing Number: _____ | * Account Number: _____ |
| Amount desired: \$ _____ Checking _____ OR Savings _____ | |