



HOMEBASE

Special Needs Services

Direct Deposit Authorization Form

Employee Information

- **Full Name:** _____
- **Phone Number/Email Address:** _____

Bank Account Information

Please provide the details of the account(s) you designate for direct deposit. You may split your deposit between multiple accounts.

Deposit Type	Bank Name	Routing Number	Account Number	Account Type	Deposit Amount/ %
Primary				Checking	100%
				Savings	Other_____

Secondary				Checking	
				Savings	Other_____

Note: Attach a voided check or official bank document for each account listed.

Authorization

I authorize Arizona Homebased Services and its payroll provider (Paylocity) to initiate direct deposit entries to the account(s) listed above. I understand that:

- Pay is issued biweekly, with paydays occurring every other Friday.
- It is my responsibility to notify HR of any changes to my banking information at least 5 business days before the next scheduled payday.
- If incorrect banking information is provided, Arizona Homebased Services is not liable for delays or misdirected funds.

Signature: _____

Date: _____