

This form must be completed in order to direct your paycheck net proceeds to be deposited into the account specified below:

Employee Name _____ Social Security # _____ - _____ - _____

Address _____

City _____ State _____ Zip Code _____

Depository Bank Name _____

Account Type Checking Savings

Routing/Transit # (9 digits) _____ Account # _____

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Quality Business Solutions (QBS), on behalf of Healthcare Services Group, Inc. (HCSG), to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and credit any credit entries indicated by QBS, on behalf of HCSG to my account. In the event that QBS, on behalf of HCSG deposits funds erroneously into my account, I authorize QBS, on behalf of HCSG to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until HCSG has received written notice from me of its termination in such time and in such manner as to afford HCSG and the Bank a reasonable opportunity to act on it. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution (approximately 5-7 business days).

A copy of a voided check for the above account must be attached to this enrollment form to verify the banking information. If this is a savings account or an account that does not provide checks you must attach a printout provided by your banking institution.

Employee Signature: _____ Date: _____



**Savings Account:
Get Transit/ABA Number from
your bank.**