



It's a **Piece** Of **Cake**

It's smarter, faster, and safer!

Sign-up for Direct Deposit or a Paycard Today

See reverse side for payroll form

Eligibility and Participation

Direct deposit offers you a safe and convenient way of receiving your pay, including but not limited to wages, bonuses, and reimbursement of approved business expenses. All employees of HCA affiliated companies are eligible to participate in direct deposit free of charge. All checks and direct deposit memos will be available according to facility practice.

Funds Availability

Your direct deposit will be electronically transferred from your employer to your financial institution and the funds will be available on the effective pay date at your facility. Please contact your financial institution to determine the time direct deposits are posted to your account, as many banks post at different times.

Bank holidays that occur on a Wednesday, Thursday, or Friday may cause a one-day delay in availability. Check with your financial institution for fund availability.

To verify your direct deposit posts correctly, we recommend contacting your financial institution on your first direct deposit pay date to confirm your funds have posted.

Enrollment

You may start participation at any time by completing the Direct Deposit Form and attaching a voided check. If you do not use checks with your particular type of account, then you must attach some type of document proof of Transit/ABA routing and account numbers. Please do not attach a deposit slip. A deposit slip does not always provide the correct Transit/ABA routing number. See other side for example check with bank account and routing number.

The completed Direct Deposit Form should be given to your Facility HR Department for submission to the Payroll Service Center. Direct Deposit requests will be processed at the Payroll Service Center. You will receive your pay statements electronically where allowed. Instructions to access your electronic pay statement will be provided to you by your HR Department.

If your direct deposit request does not process as you requested, please contact your HR Department. E-Stub availability is limited by state, regulatory, and / or organizational implementation.

Change or Cancellation

You may change accounts or cancel direct deposit at any time. Please indicate the request in the provided space, on the Direct Deposit Form. This request will be processed at the Payroll Service Center.

Questions regarding Direct Deposit or Paycard should be directed to your local HR Department, and questions regarding employee expense reimbursements should be directed to the Concur processing team.

Payroll Service Center Direct Deposit Form

Employee Name (Please Print)	Employee ID#	Date
Facility Name	HR Company	Process Level

(Contact HR for Employee ID#, HR Company, & Process Level information)

<input type="checkbox"/>	I elect to receive direct deposit into my existing checking/savings account.
<input type="checkbox"/>	I elect to receive direct deposit into a Skylight Debit Card Account. Do NOT complete the account information if you selected Skylight Debit card account, the PSC will complete. <u>If you want to deposit monies into additional accounts along with a Skylight Debit Card Account, fill out the appropriate boxes below for your other accounts.</u>

Authorization Agreement

I hereby authorize HCA and/or its affiliates and the financial institutions listed below to electronically deposit monies to the specific account numbers listed below. If monies which I am not entitled to are deposited to my account I authorize my employer to direct the financial institution to return said funds.

If my financial institution is involved in a successor transaction, the authorization will remain in effect. I will be responsible for notifying the Payroll Service Center (PSC) by completing this form for cancellation if I do not want funds to go to the successor financial institution.

This agreement will remain in effect until the Payroll Service Center receives written notification from me of its termination in such a manner as to afford the PSC and my financial institution a reasonable opportunity to act on it.

By signing below I acknowledge that I have read the authorization and agree to comply with all of the terms and conditions as stated and that I have read the Direct Deposit information on the back of this sheet.

Account Information for NET PAY DEPOSIT ONLY

Name of Financial Institution:		
Routing Number:	Enroll / Change <input type="checkbox"/> <input type="checkbox"/>	Cancel <input type="checkbox"/>
Account Number:	Checking / Savings <input type="checkbox"/> <input type="checkbox"/>	100.00 %

Account Information for PARTIAL PAY DEPOSIT ONLY***

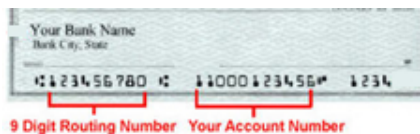
Name of Financial Institution:		
Routing Number:	Enroll / Change <input type="checkbox"/> <input type="checkbox"/>	Cancel <input type="checkbox"/>
Account Number:	Skylight Card / Checking / Savings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ Amount

Signature

Authorized Signature:

Please attach a voided check or document proof of your account number and financial institution's Transit\ABA routing number for each direct deposit account and forward to your HR Department. DO NOT ATTACH A DEPOSIT SLIP.

***If you need additional accounts (up to a maximum of 5), please attach a separate sheet with the appropriate information.



All Direct Deposit references also apply to Skylight Debit Card Accounts