

## PCA/Worker Direct Deposit Change Form

**For changing existing Direct Deposit Information on file ONLY.**

Please use the Direct Deposit Application if you do not currently have Direct Deposit.

Consumer Number: \_\_\_\_\_ Consumer Name: \_\_\_\_\_

PCA/Worker Name: \_\_\_\_\_ PCA/Worker Phone #: \_\_\_\_\_

### Previous Bank Information

Name on Bank Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Type:      Savings                      Checking

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
(9 digits)

### New Bank Information

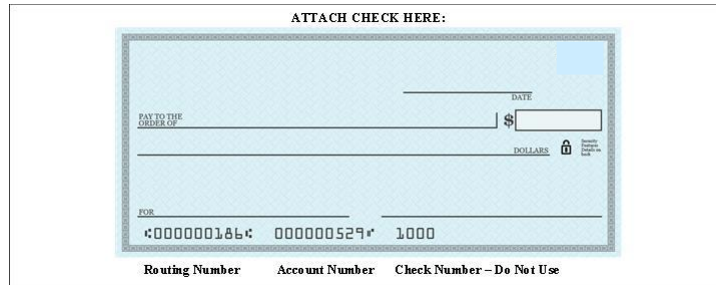
Name on Bank Account: \_\_\_\_\_

(PER MASSHEALTH – Direct Deposit Accounts must be in the name of the employee only, the account cannot be a joint account shared by the PCA/Worker and the Consumer or the Surrogate).

Bank Name: \_\_\_\_\_ Account Type:      Savings                      Checking

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
(9 digits)

For a checking account, please attached a voided check or a copy of a check (Starter checks must contain a preprinted PCA/Worker name, routing and account number). For a savings account, please attach a bank document containing the PCA's/Worker's name, the routing and account number (cannot be handwritten). Do not attach a deposit slip. We will not process this application without a voided check, a copy of a check, or a bank document indicating the routing and account number.



I hereby authorize Tempus Unlimited, Inc. (hereinafter "Company") 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 the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company 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 the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity to act on it.

PCA/Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_