



**H&C**

Nursing Care & Staffing Agency

*Give a hand, get a hand!*

**DIRECT DEPOSIT VERIFICATION FORM**

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Job Title \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Bank Name: (example: PNC Bank) \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

---

I, \_\_\_\_\_ hereby authorize H&C Nursing Care Services to deposit my wages to this account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

525 Highland Boulevard Suite 105  
Coatesville, PA 19320  
Phone: (484) 359 4357  
Fax: (484) 359 4372