HealthPro
Associates

Direct Deposit Request Form
(Available to Employees Only)

Name: _____

Address: _____

_____

Social Security # _____

Type of Account

____ Checking   ____ Savings

Routing #: _____

Account #: _____

Please attach a copy of a voided check and fax/send to office.
**Please allow two pay cycles for the direct deposit to be activated.
Any questions/problems call 610-499-9040.