



Preferred

HOME CARE OF NEW YORK

2357 60TH STREET, BROOKLYN, NEW YORK, 11204

P. 718-841-8000 F. 718-841-8100

Attach blank/void Check or Deposit Ticket

Each payday, I authorize Preferred Home Care of New York to electronically deposit the amount indicated below to my bank account:

Bank Institution: _____

Checking/Savings	Routing Number	Account Number	Amount

Name: (First/Last): _____

Social Security #: _____

Daytime Phone: _____

Comments/Notes: _____

Employee Signature: _____ Date: _____