



1400 Coleman Ave. Ste G25
Santa Clara, CA 95050
Toll-Free: 1 (855) 333-2559
HCO #: 434-700-066

Receive your Direct Deposit Statement Online

We are offering a new service that will allow you to obtain your Deposit Statement more easily and quickly, in minutes! Take a look at the benefits of using this service:

- ❖ **Earlier** access to your Statement vs. interoffice mail.
- ❖ **View** and **Print** your Statement at your convenience, from any location with an internet connection.
- ❖ **Save** and **Reprint** your Statement as needed in the future. (This is useful for home loans and refinancing.)

We appreciate the opportunity to provide you with this innovative way of viewing and printing your wage information. If you have any questions please feel free to contact the office.

Sincerely yours,

Ally Home Care & Medical Staffing Management

Here is how you access your online Direct Deposit Statement:

- Once on the internet, go to the web address: <https://www.atsprintfreedom.com>
- Enter your Access ID, User Name and Password.

Access ID: AllyHomecare

Username: Your Employee Number

Password: XXXX (last 4 digits of SSN)

- Change your password. You will be prompted to change your password when you login for the first time.
- Contact the office and ask for your Employee Number.
- Select "MyPayStub" to print your Direct Deposit Statement.
- Enter the last 4 digits of your SSN to open your Deposit Statement
- Please be sure to log out of ATS and Adobe after viewing the paystub statement.

Once you have completed this process, you can "Bookmark" or "Add to your Favorites" the new address, <https://www.atsprintfreedom.com>.

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below) _____

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____



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Welcome Team!

Ally Home Care & Medical Staffing will be utilizing an IVR system from Caresmartz360 to keep track of schedules, holidays, and overtime. **Interactive Voice Response (IVR)** is an automated telephony system that interacts with callers, gathers information and routes calls to the appropriate recipients. Please follow the instructions below.

IVR Telephone System Instructions:

- Call the toll free number **(844) 372-8405**
- Once you dial the number, a voice will prompt you to enter your unique ID, followed by a pound sign. **(Contact the HR department for your ID number)**

The following prompts will follow:

- 1# = check in for arrival
- 2# = check out for departure
- 3# = listen to your last five schedules
- 4# = listen to your future schedules
- 5# = listen to your tasks
- 6# = record a message
- 7# = end the call

Please note: **Failure to clock in/out will result in late payments.** Should you forget to use the IVR system, kindly ask for a TARF (Time Adjustment Request Form) from the facility or fill out the AHC-Timesheet (for CNAs, LVNs, & RNs) or Care Notes (for PDAs & Sitters) and submit it to an office member at Ally Home Care & Medical Staffing. Confirm that the timesheet is filled out completely with the charge nurse's signature for payment validation.

_____ (initials) By signing this, I certify that I have carefully reviewed and will follow the instructions above. I will not sign the timesheet if it is not accurate and will report any inaccuracies to the payroll department.

Employee Name (Print): _____

Employee Signature: _____ Date: ____/____/____