



AUTHORIZATION FOR DIRECT DEPOSIT

This authorizes Angel care Home Companion Service Inc., (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.

Account #1:

Type (check one): Checking Savings

Employee Bank Name _____

Bank Routing # (ABA#) _____

Account # _____

Percentage or Dollar Amount to be Deposited to This Account: _____

Account #2 (remainder to be deposited to this account)

Type (check one): Checking Savings

Employee Bank Name _____

Bank Routing # (ABA#) _____

Account # _____

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.

Signature

Printed Name

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. OR: Attach a “VOIDED” check(s).