ENRICHED HOME CARE AGENCY, INC

Authorization Agreement for Automatic Deposit

Name: _____SSN# _ _ _ - _ _ _-_ _ _ _

1. I have read the direct deposit information and direct deposit agreement.

2. I hereby authorize Enriched Home Care Agency, INC. to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

_____ _____ **Date** ___/___ /20___

Signature **Print Name**

Personal Information

Employee Name (Print)_____

Address: _____

Telephone: _____

Bank Information

1. Name and Address of Bank _____

2. Account Number: _____Routing Number: _____

3. Account Type: ☐ Checking (attach a voided check) ☐ Savings (attach a deposit slip)

Voided Check