



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

I hereby authorize All Saints Home Care, Inc., to initiate credit entries to my account as indicated below at the financial institution named below and to credit the same to such account. I acknowledge that the organization of ACH transactions to my account must comply with the provisions of U.S. law.

TYPE OF ACCOUNT (circle one):

**Checking or Savings**

Financial Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

E-Mail address \_\_\_\_\_

(your stub will be e-mailed to you)

*This authorization is to remain in full force and effect until All Saints Home Care, Inc. has received written notification from me of its termination. Termination Forms are available at the office. Please allow up to 10 days for processing.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

(PLEASE PRINT CLEARLY)

SIGNATURE \_\_\_\_\_

**\*\*\*PLEASE ATTACH A VOIDED CHECK \*\*\***

**AND ALLOW 1- 10 DAYS FOR PROCESSING.**