

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize (select one):

PERSONAL HOME CARE, LLC HOMECENTRIS HOME HEALTH, LLC HOMECENTRIS COMMUNITY CARE, LLC

to directly deposit my earnings each payday, in the bank account(s) listed below according to the amounts specified. (If more than one account is designated, deposits are to be made in whole dollar amounts only.) I have attached a voided check or bank authorization form for each account specified below. This authorization is to remain in effect until I provide written authorization of its termination or change.

If funds to which I am not entitled are deposited into any of my accounts, I authorize the entity selected above to direct the bank to return said funds. I understand that my deposit may not be credited to my account until 5:00 p.m. Eastern Standard Time on the pay date indicated on the check voucher.

TODAY'S DATE: _____
FIRST NAME: _____ LAST NAME: _____
SOCIAL SECURITY NUMBER: _____ SIGNATURE: _____

Note: Accounts can be at different banks or they can be in different accounts at the same bank.

ACCOUNT #1: Circle only one: Checking Savings

TYPE OF ACTION REQUESTED: Circle only one: Set Up Change Cancel

Name of Financial Institution: _____

Dollar amount of pay to be deposited into this account: \$_____ or Deposit Entire Check

Personal Account #: _____ Routing #: _____

ACCOUNT #2: Circle only one: Checking Savings

TYPE OF ACTION REQUESTED: Circle only one: Set Up Change Cancel

Name of Financial Institution: _____

Dollar amount of pay to be deposited into this account: \$_____ or Deposit Entire Check

Personal Account #: _____ Routing #: _____

You must attach a blank check or bank authorization form for each account above.