



Preferred Home Care Services
612-501-2273

EMPLOYEE MUST COMPLETE THE DIRECT DEPOSIT

Direct Deposit Authorization Agreement

I hereby authorize my employer (hereinafter) "Company" to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter) "Bank" indicated below. Further, I authorize my Bank to accept and to credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank receive notice from me of change or employee is no longer employed by Company.

Employee Name: _____ Social Security Number: _____

Begin Deposit: _____ Change Information: _____ Cancel Information: _____

Bank Name: _____ City: _____ State: _____

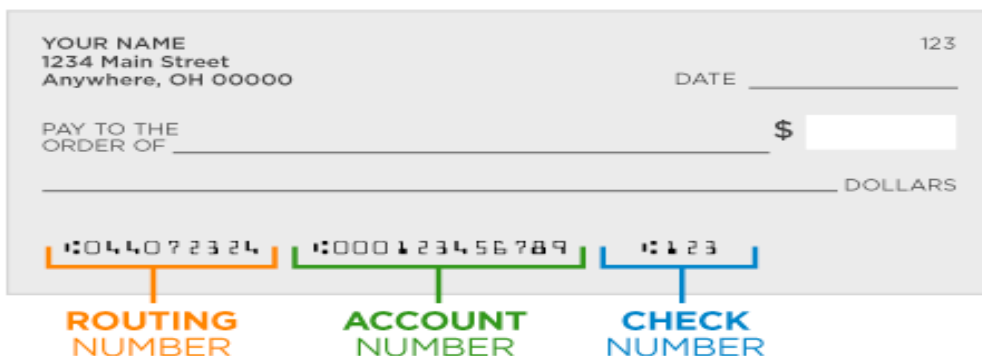
Checking (submit voided check with this form)

Savings (Submit a letter from your bank on their letterhead, include your name, account # and the routing and transit #).

Routing Number _____

Account Number _____

At the bottom of a check, you will see three groups of numbers. The first group is your routing number, the second is your account number and the third is your check number.



Employee Signature

Date