

The Respite Connection, Inc.

AUTHORIZATION FOR DIRECT DEPOSIT

PLEASE ATTACH A VOIDED CHECK (OR DEPOSIT FORM FOR SAVINGS ACCOUNTS) TO THIS FORM FOR EACH ACCOUNT!

This authorizes The Respite Connection, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the account to post all such entries.

First Account:

Printed Name of employee, as it appears on bank statement: _____

How much do you want to go into the first account? _____% OR \$_____ OR ALL of my paycheck

Name of Bank: _____

Location of Bank: _____

City

State

Account Number (include zeros): _____ Type of account: Checking Savings

Bank Routing # (ABA#): _____

(The nine digit number at bottom left of your check; or if savings account, call bank to confirm)

Signature of employee: _____ Date: _____

Second Account (The remainder will go in the 2nd account if you specify one. If you only give information on one account, ALL of your paycheck will be deposited in that account. You can leave this section blank if you want ALL of your paycheck in one account).

Name of Bank: _____

Location of Bank: _____

City

State

Account Number (include zeros): _____ Type of account: Checking Savings

Bank Routing # (ABA#): _____

(The nine digit number at bottom left of your check; or if savings account, call bank to confirm)

Signature of employee: _____ Date: _____

*If you are already signed up for Direct Deposit and this is a change, please put the effective date for this change: _____

***Timecards and notes must be turned into The Respite Connection by the stated deadlines.

If we receive your time card or Respite/SCL notes late, it will be deposited in your account on the next pay date.