



Employee Direct Deposit Authorization

Employee Name: _____

1	<input type="checkbox"/> Checking	<u>Routing Number</u>	<u>Account Number</u>	<u>% or \$ Amount</u>
	<input type="checkbox"/> Savings			

2	<input type="checkbox"/> Checking	<u>Routing Number</u>	<u>Account Number</u>	<u>Remaining Balance</u>
	<input type="checkbox"/> Savings			

Attach a Voided Check for Each Account
(Form will not be processed without voided check)

Authorization:

This authorizes CompanionLinc LLC (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above. This authorizes the financial institution holding the Account to post all such entries. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S law. This authority is to remainfull force and effect until the company has received written notification from me (or either of us) of its termination in such time and manner as to afford the company and financial institution a reasonable opportunity to act on it.

Sign: _____

Date: _____