

# Home, Hope and Healing, Inc.

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## Authorization for Direct Deposits – Employee Form

This authorizes HOME, HOPE AND HEALING, INC. to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method to my (our) account(s) indicated below, and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution hold the Account to post all such entries.

### Account #1

ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
\$ AMOUNT TO DEPOSIT \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

### Account #2

ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
\$ AMOUNT TO DEPOSIT \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

**Employee will receive a paper check until a prenote has verified the account number(s) with the employee's bank. Once verified, funds will be paid using direct deposit.**

**This authorization will be in effect until HOME, HOPE AND HEALING, INC. receives a written termination notice from me and has a reasonable opportunity to act on it.**

***\*\*Deposits will be electronically transferred and available in your account on Friday.***

\_\_\_\_\_  
**SIGNATURE**

( )

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE**