

CIRCLE ONE BELOW

Is this a new account or are you changing DD information?

AUTHORIZATION FOR DIRECT DEPOSIT - EMPLOYEE FORM

This authorizes **Lifelong Advocacy** (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) I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Your check will be posted to your account on the 10th and 25th of each month that you turn in time sheets **(by their due date)**. Your bank processes them exactly on the day as specified above.

ACCOUNT (check one) Checking or Debit _____ Savings _____

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be deposited to This Account - 100%

If you do not print legibly, we will not be able to process this request.

This authorization will be in effect until the Company receives a written termination notice (from myself) and has a reasonable opportunity to act on it.

Signature _____

Printed Name _____

Consumer's Name: (Person you work for) _____ **Date:** _____

For Office Use Only: Information Posted to the Account on: _____

Notes :

