

Authorization for Direct Deposit- Employee Form

This authorize CareAssist (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 below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA)

Account#

Percentage or Dollar Amount to be Deposited to This Account

Please attach a voided check for each account her

NO CHECK REQUIRED

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

Date