

Authorization for Direct Deposit - Employee Form

This authorizes T and D Home Care, Inc (DBA) Aaron's Home Care

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 #

Email

Date Of Birth

Address

Phone

Signature

Date

Printed Name

Social Security

Hire Date

Office Use Only: _____
Paychex