



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Company Name: Forest Hills of DC / Forest Side Memory Care

I hereby authorize **Forest Hills of DC**, hereinafter, called Company to initiate credit entries to my **Checking or Savings account** (s) as indicated below and the depository(s) named below hereinafter called Depository, to credit the same such account(s) in the event a credit is made to my account in error. I authorize the Company to make a correcting entry under the condition that I am notified of said adjustment.

To make a deposit to one account, please complete this section:

***** Deposit slip is NOT proof of needed bank numbers*****

PLEASE attach voided check

Percent/Amount _____ to Account: () Checking () Savings

Depositor: _____
 Name of Bank

_____ City State Zip Code

Banking Transit / ABA # _____ Account Number _____

To make a deposit to a 2nd account, please complete this section:

***** Deposit slip is NOT proof of needed bank numbers*****

Percent/Amount _____ to Account: () Checking () Savings

Depositor: _____
 Name of Bank

_____ City State Zip Code

Banking Transit / ABA # _____ Account Number _____

This Authorization is to remain in effect until the Company has received written notification to terminate the authorization and has been given reasonable time to afford the Company opportunity to act on the request.

Employee Signature

Date

Print name

Social Security #