



Deposit Authorization Form

To be filled out by Accounts Payable:

Please complete this section and send or fax to your Concentric Healthcare/Homecare Solutions representative.

Account # 003-46037	Company Name Concentric Healthcare Solutions	Date
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To enroll in Full Service Deposit, simply fill out this form and give it to Accounts Payable. **Attach a voided check for each checking account • not a deposit slip.** If depositing into a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Important! Please read and sign before completing and submitting.

I hereby authorize Concentric Healthcare Solutions to deposit any amounts owed me as instructed by my employer by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Concentric Healthcare Solutions to my accounts. In the event that Concentric deposits funds erroneously into my account, I authorize Concentric to debit my account for an amount not to exceed the original amount of the erroneous credit account. I further authorize Concentric to debit my account in the event my employer does not provide funds to cover credits initiated by Concentric Healthcare Solutions.

This authorization is to remain in full force and effect until Concentric Healthcare Solutions and Bank have received written notice from me of its termination in such time and in such manner as to afford Concentric and Bank reasonable opportunity to act on it.

Contractor Name _____ Social Security #: _____

Contractor Signature: _____ Date _____

Account Information

Make sure to indicate what kind of account, along with the amount to be deposited if less than your total net.

A C C T 1	Bank Name	Account Type	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or _____ % Balance of Net
A C C T 2	Bank Name	Account Type	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or _____ % Balance of Net
A C C T 3	Bank Name	Account Type	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or _____ % Balance of Net
A C C T 4	Bank Name	Account Type	
		D Checking D Savings D Other	
	Routing/Transfer #	Account#	Amount to deposit \$ or D Balance of Net
A C C T 5	Bank Name	Account Type	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or _____ % Balance of Net