



Authorization For Direct Deposits

This authorizes Care Bridge Home Care, Inc dba Home Instead® 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 (e.g. Checking, Savings, Loan...)

Bank Routing # (ABA#)

Employee Bank Name

Account #

Account #2

Account #2 Type (e.g. Checking, Savings, Loan...)

Bank Routing # (ABA#)

Employee Bank Name

Account #

Amount To Be Deposited To Second Account

Home Instead does electronic pay stubs.

Provide the email address you would like the pay stub sent to:

EMAIL ADDRESS

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: _____

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Please send back to office and attach a voided check.

Each Home Instead franchise office is independently owned and operated