



A Division of Alpha One

Direct Deposit Authorization

Personal Attendant must attach a voided check or a written notification from their bank. It must be signed by a banking representative verifying their account numbers and bank routing numbers.

Account type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Please select one of the following:

New Direct Deposit

Replace an existing direct deposit _____
(Original Account number being replaced)

Cancel my direct deposit

This authorizes Attendant Services to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until Attendant Services receives a written termination notice and has a reasonable opportunity to act on it.

ACH Transfers require at least **48 business hours** from the time the transfer is initiated until the funds are deposited into your account.

PA's Signature _____ Date _____

Print Name _____

Consumer's Signature _____ Date _____

Print Name _____