

Unique Health Care LLC

Electronic Funds Transfer Authorization

I hereby authorize my employer to directly deposit my pay in the bank account(s) listed below in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%). I have attached a voided check or deposit slip for each account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant the Company the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name:			
Function:			
Address:			
Telephone:		Email	
Signature:		Date:	
Company Use Only:		Effective Date:	
Account #1	Checking:	Savings:	
Financial Institution:			
Address:			
Telephone:		Fax	
Personal Account Number:			
Percent of pay to be deposited into this account:		%	
Company Use Only		Bank/ABA Number:	
Account #2	Checking:	Savings:	
Financial Institution:			
Address:			
Telephone:		Fax	
Personal Account Number:			
Percent of pay to be deposited into this account:		%	
		Bank/ABA Number:	

