



Direct Deposit Form

Account Type:

- Checking Account
- Savings Account
- US Bank Card

I (we) hereby authorize Advantage Nursing Services and/or Advantage In-Home Services hereinafter called COMPANY, to initiate credit entries for _____ to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Primary Account (Deposit Net Pay)

 (Financial Institution Name) (Phone Number) (Branch)

 (Routing Number) (Account Number) Account Type: Checking or Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford (COMPANY and FINANCIAL INSTITUTION) a reasonable opportunity to act on it.

 (Print Individual Name) (Signature)

 (Address) (City, State) (Zip)

 (Phone number) (Birthdate)

 (Social Security Number) (Date)

Note: A pre-printed voided check or a letter from the bank MUST accompany this form we will not accept deposit slips.