Authorization for Direct Deposits - Employee Form

This authorizes “Inspire, Inc.” to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account 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 Information

ACCOUNT TYPE (e.g. Checking or Savings) _____

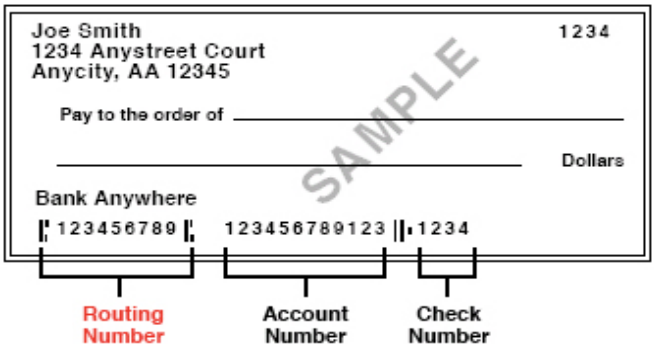
BANK NAME _____

BRANCH _____

CITY, STATE _____

ACCOUNT NUMBER _____

BANK ROUTING NUMBER (ABA#) _____



This authorization will be in effect until Inspire Co-op 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 Inspire, Inc.

930 N. Switzer Canyon Dr. Suite 207 Flagstaff, AZ 86001
p. 928.226.6900 / f. 928.440.5057
www.inspirehomecare.org