

Authorization for Direct Deposits - Employee Form

This authorizes HOME, HOPE AND HEALING, INC. 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 TYPE (e.g. Checking or Savings)

EMPLOYEE BANK NAME

BRANCH

\$ AMOUNT TO DEPOSIT

ACCOUNT NUMBER

BANK ROUTING NUMBER (ABA#)

Account #2

ACCOUNT TYPE (e.g. Checking or Savings)

EMPLOYEE BANK NAME

BRANCH

\$ AMOUNT TO DEPOSIT

ACCOUNT NUMBER

BANK ROUTING NUMBER (ABA#)

This authorization will be in effect until HOME, HOPE AND HEALING, INC. receives a written termination notice from me and has a reasonable opportunity to act on it.

*****Deposits will be electronically transferred into your account on Friday and are available for use the following Tuesday (or Wednesday if there is a Monday holiday).***

SIGNATURE

PRINTED NAME

EMPLOYEE SSN

DATE