AVEN HOME HEALTH SERVICES, INC.
DIRECT DEPOSIT AUTHORIZATION

Print all information completely and accurately. Please verify your ABA Routing Number

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

Voided check(s) for Checking Account(s) **Deposit Slip(s) for Other Accounts**

☐ Enrollment ☐ Cancellation Change Request (Check appropriate box (es) below.)

☐ Financial Institution ☐ Account Type

☐ Account # ☐ Add New Account

PLEASE ALLOW UP TO THREE (3) WEEKS TO ACTIVATE ALL NEW DIRECT DEPOSITS AND/OR ACCOUNT CHANGES

I hereby authorize Aven Home Health Services, Inc., ('AHHS') to initiate electronic credit entries and, if necessary, debit entries and/or adjustments for any credit entries made in error into the account(s) at the financial institution(s) named below. I authorize these financial institution(s) to credit these deposits to my account(s) and to debit my account(s) for any credit errors. This authorization will remain in effect until I notify AHHS in writing, using a Direct Deposit Authorization form, of the cancellation or change. I understand it is my responsibility to verify that the funds are in my account correctly prior to drawing on these funds and to notify AHHS of any discrepancies within 48 hours after the scheduled pay date. I understand that it may take up to three business days for the funds to be deposited into my account. I hereby agree to hold the company harmless from any errors or omissions the company may make in depositing or failing to that it is my responsibility to immediately notify AHHS should I close any of the account(s) listed below. I hereby hold harmless Aven Home Health Services, Inc., for any and all fees and/or charges I may incur resulting from the crediting or debiting of funds to a closed account or should I draw on these funds before verifying the deposit.

Signature: _____ Date: _____

DIRECT DEPOSIT ACCOUNTS

Print Name:_____	**Social Security #:_____**
Branch Number/Name:_____	**Employee Type: ☐ Internal ☐ External**

FINANCIAL INSTITUTION (BANK) INFORMATION

Please verify the ABA Routing Number and Checking/Savings Account Number(s) with your financial institution. The employee is responsible for the accuracy of the ABA Routing number. Please attach a void copy of a check for each checking account.

Account #1 (Please attached a voided check for Checking Accounts/Deposit Slips for savings accounts)

ABA Routing Number:		Account Number:
Type of Account: (Check only one box) ☐ Checking ☐ Savings	Amount of Deposit: ☐ Full Amount of Check ☐ Partial Deposit of: $_____	Financial Institution: _____ (Name of Bank) _____ (Telephone Number)

Account #2 (Please attached a voided check for Checking Accounts/Deposit Slips for savings accounts)

ABA Routing Number:		Account Number:
Type of Account: (Check only one box) ☐ Checking ☐ Savings	Amount of Deposit: ☐ Full Amount of Check ☐ Partial Deposit of: $_____	Financial Institution: _____ (Name of Bank) _____ (Telephone Number)