

Elite Care Management, Inc. Complete Home Care Services

I hereby authorize and release Elite Care Management, Inc. to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank indicated below, and I authorize and request the account holder to accept any credit entries initiated by Elite Care Management, Inc. to such account and to credit the same to such account without responsibility of the correctness thereof.

I also authorize my account, the company stated below, to the effect repayment to Elite Care Management, Inc. for any amounts owed it because of prior erroneous entry initiated to my account.

It is my understanding that this agreement may be terminated by me at any time. I recognize and acknowledge and accept that this service is being provided for my convenience. I agree to hold Elite Care Management, Inc. harmless from any claim or incident to the operation of this plan, arising from any act or omission by Elite Care Management, Inc. and their employees including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any debts because of insufficient funds arising from the failure to credit deposits to his/her accounts.

Employee Name:		
Institution / Bank Name:		
Account Type: Checking	S	avings
Routing #:	Account #:	
Employee Signature:		
Date Signed:		
Attach a VOID check or a s information	tatement from your bank with	you name and account