



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

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

It is understood 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 harmless from any claim or incident to the operation of this plan, arising from any act or omission by Elite Care 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 debits because of insufficient funds arising from the failure to credit deposits to his/her accounts.

Employee Name: _____

Institution / Bank Name: _____

Account type: Checking Savings

Routing Number: _____ Account Number: _____

Employee Signature: _____ Date: _____

***** Attach a VOID check or a statement from your bank with your name and account information.**