



AdvantagePlusCaregivers.com
DIRECT DEPOSIT AUTHORIZATION FORM

TO BE COMPLETED BY
WORKER AND
SUBMITTED TO THE
AGENCY

This completed form hereby authorizes Advantage Plus Agency, Inc. (dba AdvantagePlusCaregivers.com)(the "Company") 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	
Bank Name	
Branch	
City, State	
Account Number	
Bank Routing Number (ABA#)	

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Date