



**CAHOON CARE ASSOCIATES, LLC**  
*Real people. Real care.*

www.cahooncare.com

**Authorization for Direct Deposit**

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

**Account 1**

Account 1 type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Name of Bank: \_\_\_\_\_

ABA Routing number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

**Account 2** (remainder to be deposited to this account)

Account 2 type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Name of Bank: \_\_\_\_\_

ABA Routing number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

***Attach a voided check for each account here***

This authorized Cahoon Care Associates, LLC (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated above and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. 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.

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_