

**DIRECT DEPOSIT AUTHORIZATION FORM**

New Authorization

Payer Information:

Name : CARING R US HOME CARE

Address: 1908 RIVER ST

Massachusetts 02136

Payee Information:

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

Address: \_\_\_\_\_ HYDE PARK

Massachusetts \_\_\_\_\_ Phone

Numbers:

Work: \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SSN:

\_\_\_\_\_  
\_\_\_\_\_

Identification Number: \_

\_\_\_\_\_

Financial Institution:

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

Address: \_\_\_\_\_ Massachusetts, \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_ Type of Account: \_\_\_\_\_

\_\_\_\_\_ Amount to Deposit: %

Attachments: Attached to this Authorization is a cancelled check for my account.

I authorize CARING R US HOME CARE to deposit all payments due to me in the account(s) named herein. I further authorize CARING R US HOME CARE the authority to make debits or take other corrective actions, if necessary, in relation to any deposit made by CARING R US HOME CARE into the account(s).

Signed: \_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_