

## Authorization Agreement For Automated Clearing House Transactions (ACH Credits)

ACH Authorization			
Individual / Company Name:		ACH Individual / Company ID #:	
		Individual SSN / Company FEIN:	

I (we) hereby authorize Veterans Home Care, LLC, to initiate credit entries (payments) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

Checking  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	
Transit/ABA No: ("Routing #") <i>Reenter to Verify</i>		Account #: <i>Reenter to Verify</i>	

This authority is to remain in full force and effect until Veterans Home Care, LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Veterans Home Care, LLC and DEPOSITORY a reasonable opportunity to act on it.

I (we) wish for this transaction to take place starting as of the signed date of this Agreement and to recur as needed until written notification of termination is received in the manner outlined above.

Remittance Email	
Individual/Company Email: (for notification of credit/debits)	
Individual/Company Email: (for notification of credit/debits) <i>Reenter to Verify</i>	

I (we) agree to promptly notify Veterans Home Care, LLC of any changes to the information provided above. I (we) further agree and acknowledge that any failure to provide notification of such changes may result in delays to credit or additional charges for which I (we) will be responsible.

INDIVIDUAL/COMPANY

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

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

Title: \_\_\_\_\_

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