

DIRECT DEPOSIT TO BANK ACCOUNT FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME Southern Healthcare Agency Inc

COMPANY ID NUMBER 64-0829013

I (we) hereby authorize Southern Healthcare Agency, hereinafter called COMPANY, to initiate credit entries 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.

DEPOSITORY NAME (your bank) _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

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

NAME(S) _____

ID NUMBER (ssn) _____

DATE _____ SIGNED _____

SIGNED (joint owner) _____

*** PLEASE ATTACH A VOIDED CHECK**