



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

I hereby authorize **Carolina Therapy Services, Inc.**, hereinafter called **COMPANY**, to initiate credit entries or debit corrections to my _____ **Checking** or _____ **Savings Account (check only one)** indicated below and the financial institution named below to credit the same to such account.

Financial Institution

City

State

Zip Code

Bank Transit/ABA Number

Checking Account #

Savings Account #

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

Name

Social Security Number

X

Signature

Date

VOIDED CHECK ENCLOSED (if depositing into checking account)