

Giving Tree Senior Care Options, LLC

Authorization Agreement for ACH Transactions (Direct Deposit)

CHECK AND COMPLETE ONLY THE TRANSACTION REQUESTED

ACH CREDIT – DEPOSIT

I hereby authorize Giving Tree Senior Care Options LLC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below, and the depository named below, hereinafter called DEPOSITORY to credit and/or debit the same to such account.

Depository Name: _____ City/State _____

Routing Number _____ Account # _____

Account Type Checking Savings

Percentage or amount direct deposited into this account \$ _____ or _____ %

Depository Name: _____ City/State _____

Routing Number _____ Account # _____

Account Type Checking Savings

Percentage or amount direct deposited into this account \$ _____ or _____ %

This authority is to remain in force and effect until Giving Tree Senior Care Options, LLC has received written notification from me or its termination in such time and in such a manner as to afford Giving Tree Senior Care Options, LLC and DEPOSITORY a reasonable opportunity to act upon it..

Name (please print) _____

Date _____ SSN # _____

Signature _____

Attach or Include VOIDED check
If you do not have checks, please attach
DEPOSITORY letter with routing # and account #.