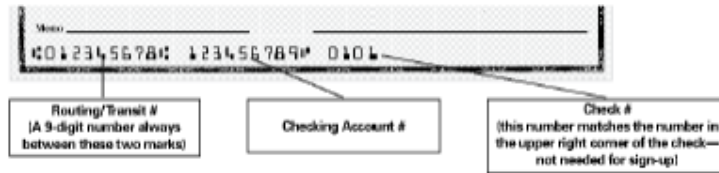


ABBEYCARE, INC.
HOME HEALTH CARE AGENCY
ABBEYCARE CHOICE, INC.
PERSONAL CARE PROVIDER

Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and submit it to AbbeyCare. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Important! Please read and sign before completing and submitting.

I hereby authorize AbbeyCare to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by AbbeyCare to my accounts. Unless prohibited by applicable law, if AbbeyCare deposits funds erroneously into my account, I authorize AbbeyCare, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until AbbeyCare and Bank have received written notice from me of its termination in such time and in such manner as to afford AbbeyCare and Bank reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____ Date: _____

Account Information

To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount or % _____

2. Bank Name: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount or % _____

WWW.ABBEYCAREINC.COM
1148 Grand Ave St. Paul, MN 55105
TELEPHONE NUMBER: 651-690-5352
FAX NUMBER: 651-209-8065



ENTERED: _____ VERIFIED: _____