

Employee Name: _____ Date: _____

Employee Signature _____

Bank Account Number

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Routing Number

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

Important Note:

- The individual is responsible for contacting his/her bank or financial institution to confirm the Bank routing numbers and account numbers.
- The individual is also responsible for notifying Aishling Companion Home Care, Inc. immediately if the deposit Bank changes or account numbers change.
- Checking and Savings accounts do not need to be at the same financial institution.

Authorization

I hereby authorize Aishling Companion Home Care, Inc. to originate ACH and correction entries to the account(s) listed above. This authorization will remain in full force and effect until Aishling Companion Home Care, Inc. receives written notification from me of its termination in such a time and manner as to afford Aishling Companion Home Care, Inc. and Financial Institution a reasonable time to act upon.

For a checking account request, please attach a voided check to this form.

