

AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSIT (ACH CREDITS)

Company Name: ILIULIUK FAMILY & HEALTH SERVICES, INC.

Company ID Number: _____

I (we) hereby authorize ILIULIUK FAMILY & HEALTH SERVICES, INC., 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/Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit ABA Number: _____ Account Number: _____
(Routing Number)

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: _____ Social Security Number: _____
(Please Print)

Date: _____

Signature: _____ Signature: _____
(On joint accounts both parties must sign)

A VOIDED CHECK MUST BE SUBMITTED ALONG WITH THIS FORM, FOR DIRECT DEPOSIT.