



**Agape Home Health and Hospice**

18770 LBJ Freeway, SUITE 200  
Mesquite, TX 75150  
Tel. (972) 681-8420 Fax (972) 681-8425

**Employee Direct Deposit Authorization**

Please fill out and return to Agape. This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for their accounts to help us verify their account numbers and bank routing numbers.

**Employee Information**

Name: \_\_\_\_\_ Ph \_\_\_\_\_

Email: \_\_\_\_\_

*\*If you do not have an email address, you can get one for free by going to [www.gmail.com](http://www.gmail.com) and clicking "Create an account" at the top of the screen.*

**Account Information**

Account type:  Checking  Savings

Bank routing number (ABA number) : \_\_\_\_\_

Account number: \_\_\_\_\_ Account Number (confirm) \_\_\_\_\_

*attach a voided check here*

**Authorization**

This authorizes Agape Group, Inc. (the "Company") to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method, to my (our) account indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH (Automated Clearing House) transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives written termination notice from me and has had a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_