

Authorization for Direct Deposits - Employee Form

This authorizes Assisting Angels, 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(s) indicated below 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.

Account #1

ACCOUNT TYPE (Checking or Savings) _____
EMPLOYEE BANK NAME _____
BRANCH _____
CITY, STATE _____
BANK ROUTING NUMBER (ABA#) _____
ACCOUNT NUMBER _____

Account #2

ACCOUNT TYPE (Checking or Savings) _____
EMPLOYEE BANK NAME _____
BRANCH _____
CITY, STATE _____
BANK ROUTING NUMBER (ABA#) _____
ACCOUNT NUMBER _____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

EMPLOYEE ID #

DATE