

# Authorization for Direct Deposit Contractor Form



This authorizes the First Responder Health, including subsidiaries The Counseling Team International, Shift Wellness, and First Responder Wellness (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 information

Account Type (check one):  Checking  Savings

Contractor Bank Name

Bank Routing # (ABA#)

Account#

*Please attach a voided check or other bank documentation for your account here.*

**The direct deposit form will only be accepted with a voided check or a direct deposit form from your banking institution. No hand written routing number or account number will be accepted.**

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

Contractor Business Name, if applicable

Date

**IMPORTANT:** This document must be signed by contractor requesting automatic deposit of payments and retained on file by the Company. Contractors are asked to attach a voided check or other bank documentation for their account to help verify their account numbers and bank routing numbers.