

# Achieve Healthcare

## Authorization for Direct Deposits

This authorizes Achieve Healthcare, PA (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

Deposit (amount or %) \_\_\_\_\_  
ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

### Account #2

Deposit (amount or %) \_\_\_\_\_  
ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

**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**

\_\_\_\_\_  
**DATE**