

Direct Deposit Authorization Form

Ι, _		, hereby:	
	(Write your name above – required)	•	
	authorize AssuriCare LLC and its agents, including financial institution clients, to initiate electronic credit entries, and if necessary, debit ententries in error to my checking and/or savings account listed below. effect until I have informed AssuriCare LLC in writing that I wish to careasonable time to affect such cancellation. I understand I should confunds.	tries and adjustments for any credit This authorization will remain in ancel it and AssuriCare LLC has had	
	revise direct deposit bank account(s) as indicated below.		
	cancel direct deposit of funds owed. This cancellation is to take effect immediately and remain in full force and effect unless AssuriCare LLC receives my written authorization to deposit any funds owed automatically. I acknowledge that I will now receive live checks for which I am responsible for depositing and/or cashing.		
	urther acknowledge that nothing herein shall be deemed to create or tween me and AssuriCare LLC.	support an employment relationship	
Sig	gnature: Dat (Sign your name above – required) (Enter date a	te:// above – required)	
	(Sign your name above – required) (Enter date a	above – required)	
Au	thorized Bank Account Information:	7	
В	ank Name:		
A	ccount type (check one): Checking Savings**	ALL LINES MUST BE	
R	outing Number:	COMPLETED ←	
A	ccount Number:		
	as a savings account is provided, please note that some banks do not allow direct dase check with your bank to see if they will allow ACH into your savings account. If you		

must be provided for direct deposit to be effective.

Please attach a voided check for each bank account to which funds will be deposited. Do not use a

Please attach a voided check for each bank account to which funds will be deposited. Do not use a deposit slip.

NAME	20	0324
Pay to the order of	\$ Dollars	
Bank	Dollars	
Memo		
ı:123456789: 022999999999	0324	

Example Routing Number: 123456789 Example Account Number: 022999999999

Notice: Due to government regulations, AssuriCare LLC cannot offer direct deposit of funds to either:

- a foreign bank, or
- a U.S. financial institution where the entire amount will be forwarded to a bank account in another country. AssuriCare LLC | 2093 Philadelphia Pike #3310 | Claymont, DE 19703 | www.AssuriCare.com | Phone: 844-277-8742 | Fax: 781-373-3649