

Authorization for Direct Deposits – Employee Form

This authorizes ReliaCare to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Deposit Amount: 100% of check

EMPLOYEE BANK NAME	ACCOUNT TYPE
	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
ACCOUNT NUMBER	BANK ROUTING NUMBER (ABA#)

I am aware my paystubs are available to me at the office, they will not be mailed. I understand that if I do not comply with all ReliaCare policies, ReliaCare will cancel my direct deposit privilege at any time. I understand this means I will go back to having a paper check at ReliaCare's discretion.

Employee must initial _____

Printed Name

Date

Email address for your paystubs: _____