

Authorization for Direct Deposits – Employee Form

This authorizes Bay Respite Care (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 authorized the financial institution holding the Account to post all such entries.

NOTE: Enter your company name in the blank space above.

Account No. 1:

Account Type (Checking/Savings): _____ Account No. _____
 Employee Bank Name: _____ Branch: _____
 City: _____ State _____
 Bank Routing No. (ABA No.) _____

Account No. 2:

Account Type (Checking/Savings): _____ Account No. _____
 Employee Bank Name: _____ Branch: _____
 City: _____ State _____
 Bank Routing No. (ABA No.) _____

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 No. _____ Date: _____

This document must be signed by employees requesting automatic deposit of paychecks, and retained on file by the employer. Do not send this form to QuickBooks Direct Deposit.

Please return this form with a voided check to:

BAY RESPITE CARE
 3272 Sonoma Blvd., Ste. 4
 Vallejo, CA. 94590