



DIRECT DEPOSIT AUTHORIZATION FORM

|Be sure to *ATTACH A VOIDED CHECK* for each account.
(Deposit slips are not acceptable)

Company Name: OpenView Healthcare, LLC, Hickory, NC

Employee Name: _____ Social Security Number: _____

Bank Name # 1: _____
Bank Address: _____
Bank City: _____ State: _____ Zip: _____
Routing & Transit Number: _____ Account Number: _____
Circle One: Checking Savings

Bank Name # 2: _____
Bank Address: _____
Bank City: _____ State: _____ Zip: _____
Routing & Transit Number: _____ Account Number: _____
Circle One: Checking Savings

Bank Name # 3: _____
Bank Address: _____
Bank City: _____ State: _____ Zip: _____
Routing & Transit Number: _____ Account Number: _____
Circle One: Checking Savings

I/We acknowledge authorization to initiate credits and debits from all accounts sent in by my company.

Signature: _____

Date: _____