



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL**

I hereby authorize **Trinity Rehab, LLC**, hereinafter called **COMPANY**, to initiate credit entries or debit corrections to my \_\_\_\_\_ **Checking** or \_\_\_\_\_ **Savings Account (check only one)** indicated below and the financial institution named below to credit the same to such account.

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**Financial Institution**

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**City**

**State**

**Zip Code**

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**Bank Transit/ABA Number**

**Checking Account #**

**Savings Account #**

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

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**Name**

**X** \_\_\_\_\_

**Signature**

**Date**

**Attach: Voided check or Bank statement with routing and account number - REQUIRED**