

## AUTHORIZATION FOR DIRECT DEPOSIT

This authorizes GoldenCareUSA, Inc. 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.

Print Name	Date	Signature
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Account Type:      Checking \_\_\_\_\_      Savings \_\_\_\_\_

Employee Bank Name	Branch
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City	State
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Bank Routing # (ABA#)	Account #
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NOTE: Do not use routing number from your deposit slip.  
Use the routing number from your check.