

ACH AUTHORIZATION FORM

Paramount Home Care Services, LLC
317-300-4416
service@paramount-hcs.com

Authorization Agreement for Direct Deposit (ACH)

I hereby authorize Paramount Home Care Services, LLC to initiate debit/credit entries to my account at the financial institution listed below. This authorization is to remain in effect until Paramount Home Care Services, LLC has received written notice from me of its termination in such time and manner as to afford Paramount Home Care Services, LLC and the financial institution a reasonable opportunity to act on it.

Personal Information

Full Name: _____
Address: _____
City, State, ZIP: _____
Phone Number: _____
Email Address: _____

Bank Information

Bank Name: _____
Bank Address: _____
City, State, ZIP: _____
Routing Number: _____
Account Number: _____
Account Type (Checking/Savings): _____

Transaction Type:

- Direct Deposit (Credit)
- Direct Payment (Debit)
- ACH

Amount of Transaction: _____

This authorization is for the following payment(s):

- Recurring payments
- One-time payment

Signature Authorization

I authorize Paramount Home Care Services, LLC to debit/credit my account according to the terms specified above. I understand that this authorization will remain in effect until I provide a written notice of cancellation.

Signature: _____

Date: _____

Printed Name: _____

Title (if applicable): _____

