



GeminiCares^{INC.}

DIRECT DEPOSIT FORM

Please notify the main office immediately when any change occurs with the following:

AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS (ACH CREDITS)
(Please print legibly)

COMPANY NAME: GeminiCares, Inc.

COMPANY FEDERAL ID NUMBER: 391370483

I (We) hereby authorize GeminiCares, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the bank depository names below, hereinafter called BANK, to credit and/or debit the same to such account.

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE INDICATE: _____ CHECKING OR _____ SAVINGS

ROUTING/TRANSIT NUMBER: _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

EMPLOYEE

JOINT ACCOUNT HOLDER (if applicable)

NAME: _____
(Print name)

NAME: _____
(Print name of joint account holder)

SIGNATURE: _____
(Employee signature)

SIGNATURE: _____
(Joint account holder signature)

DATE: _____

DATE: _____

ATTACH A VOID CHECK HERE

Please note: It can take up to three payroll processing periods from the time the forms are received by payroll to complete the direct deposit process. A new form must be completed if any account information changes.

For Main Office Use:

Prenote: _____ Deposit: _____