



BETTER LIVING

• HOME HEALTHCARE, INC. •

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Little Canada, MN 55117
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WI Office
8201 W. Capitol Dr., Ste 120
Milwaukee, WI 53222
Office: 414-434-1910
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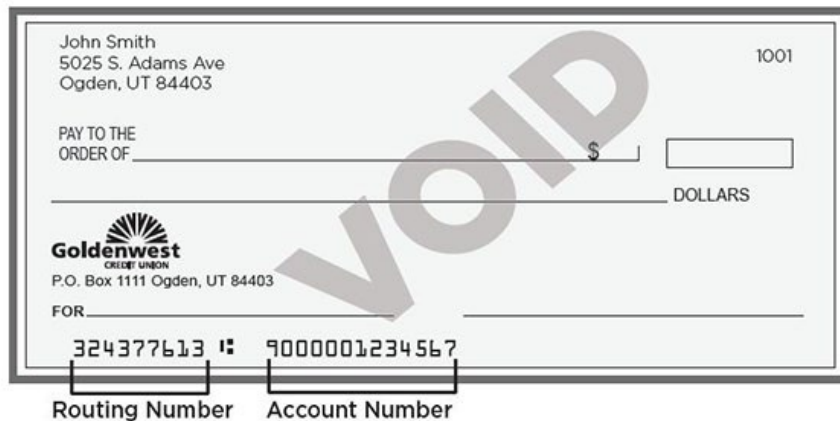
Better Living Home Healthcare, Inc. Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Bank Name: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Amount: \$ _____ _____ % or Entire Paycheck

Please attach a voided check or a Direct Deposit Authorization Form from your bank for each bank account to which funds should be deposited.

Better Living Home Healthcare, Inc. is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature

Date