

AGT# \_\_\_\_\_

## Direct Deposit Authorization Form

This authorizes Pivot Health Holdings, LLC or Allied National on behalf of Pivot Health Holdings, LLC to send credit entries (and appropriate debit and adjustment entries) electronically, or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

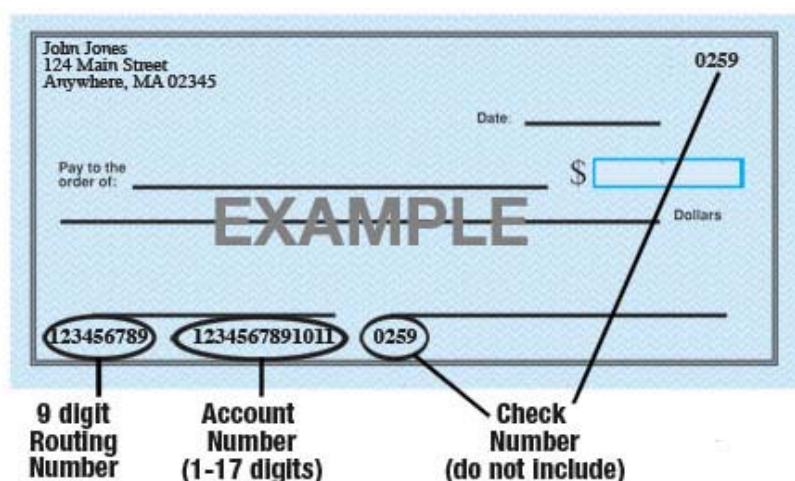
Please print and complete **ALL** information below.

Individual Name or Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings (Check One)

**You may attach a voided check for the bank account to which funds should be deposited.**

PivotHealth Holdings, LLC is hereby authorized to directly deposit my check to the account listed above. This authorization will remain in effect until PivotHealth Holdings, LLC has received a written termination notice.

Authorized Signature: \_\_\_\_\_

Print Name/Title (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_