## PAYROLL DEDUCTION AUTHORIZATION NET DIRECT DEPOSIT

Employee Number	Employee Name
Routing Number	Banking Institution
	Checking Savings
Account Nun	nber
I hereby authorize Covenant HealthCare to Direct Deposit my net payroll check to the account shown above. If Covenant HealthCare makes an overpayment to my account, I authorize Covenant HealthCare to access the account shown above to withdraw the amount owed or to deduct the amount owed from my future wages.	
Please attach a copy of a deposit ticket for the above account.	
	<b>&gt;</b>
Author	rized Signature  COVENANT  HealthCare
Date Bus Dev. (ASC) 2/07 PF	