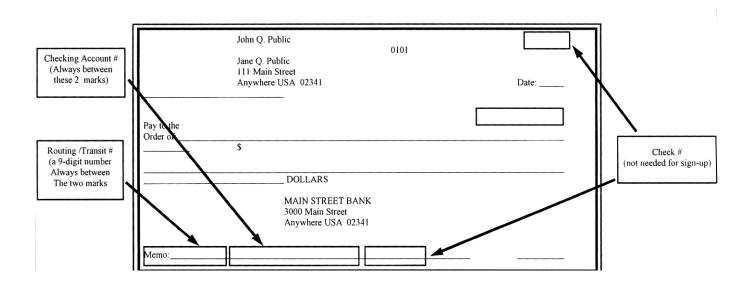
AUTHORIZATION AGREEMENT FOR PERSONAL ASSISTANCE DIRECT DEPOSITS

Bank Name:	
(City)	(State)
Depositor Account No:	
Type of Account:	of acct:)
TRANSIT ROUTING NUMBI	ER ACCOUNT NU MBER INFORMATION
:	
The Personal Care Attendant's (PCA) <u>name must be on the account.</u> Stavros <u>will not accept an account that has the name of the consumer and/or surrogate</u> as an account holder.	
PCA NAME:	
PCA SOCIAL SECURITY NUMBER:	
EMPLOYER (CONSUMER) NUMBER:	
EMPLOYER (CONSUMER) NAME: _	
financial institution named above. I und	ntermediary for my employer (consumer) to deposit my net pay at the lerstand the Stavros FI may cause my account to be adjusted to the extent nd I agree to hold the above named financial institution harmless for any

It is understood this agreement may be terminated by me at any time by written notification to Stavros FI. Any such notification to Stavros FI shall be effective only with respect to entries initiated by Stavros FI after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the BANK by the PCA is unacceptable. The BANK may terminate this agreement by written notice to the PCA for just cause.

Below is a sample check detailing where the information necessary to complete this form can be found.



PLEASE CHECK TO SEE IF FUNDS HAVE BEEN DEPOSITED INTO YOUR ACCOUNT. STAVROS FI WILL NOT BE LIABLE FOR ANY OVERDRAFT FEES INCURRED DUE TO DELAYS IN DIRECT DEPOSIT.