



At Home Professionals, LLC.

Payment Authorization Agreement

Independent Contractor Name

Date Of Birth (for verification)

I hereby authorize At Home Professionals, LLC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my Checking/Savings account (select one) indicated below and the Bank named below to credit and/or debit the same to such account.

Checking _____ Savings _____ Mailed Check _____

Direct Deposit Information

Bank Name

Branch

City

State

Zip

Routing Number

Account Number

This authorization form will be in effect until written notice is provided to At Home Professionals, LLC

Signature

Date