



Direct Deposit Authorization

This authorizes Thrive Therapy to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) 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.

Account #1

Account #1 Type (check one): • Checking • Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Amount to be Deposited to This Account

Account #2

Account #2 Type (check one): • Checking • Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Remainder of check to be deposited to this account

Please attach a voided check for each account here

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.



Direct Deposit Authorization

Signature

Printed Name