

**A voided check must be included with this form.**

**MEDRelief Staffing/Advanced Health Education Center  
8502 Tybor  
Houston, TX 77074**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(ACH CREDITS)**

(Company Name) **ADVANCED HEALTH EDUCATION CENTER**

I (we) hereby authorize AHEC, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Check on of the following

Checking account

Savings account

Indicate below Depository name, hereinafter called Depository, to credit and /or debit the same to such account.

**DEPOSITORY NAME:**

**BRANCH:**

**CITY:**

**STATE:**

**ZIP CODE:**

**TRANSIT ABA NO. (ROUTING):**

**ACCOUNT NUMBER:**

This authority is to remain in full force and effect until COMPANY has received notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**NAME(S):**

**SS#:**

**DATE:**

**SIGNED:**

\*Routing/Transit # is the number on the bottom of the check on the left hand side, usually starts with 113 or 115.

\* Account number is the number on the bottom of your check on the right hand side.