



Employee Direct Deposit Authorization

75 South Broadway 4th Floor, White Plains, NY 10601
Tel: (914) 293-5001, Fax: (877) 579-8823

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Bank Name & Address _____

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Bank Account number: _____

Dollar amount to be deposited: _____ OR % of amount to be deposited: _____

Account 2

(remainder to be deposited to this account)

Bank Name & Address _____

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Bank Account number: _____

ATTACH A VOIDED CHECK FOR EACH ACCOUNT

Authorization

This authorizes Clover Health Services LLC (the "Company") 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. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. 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.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____