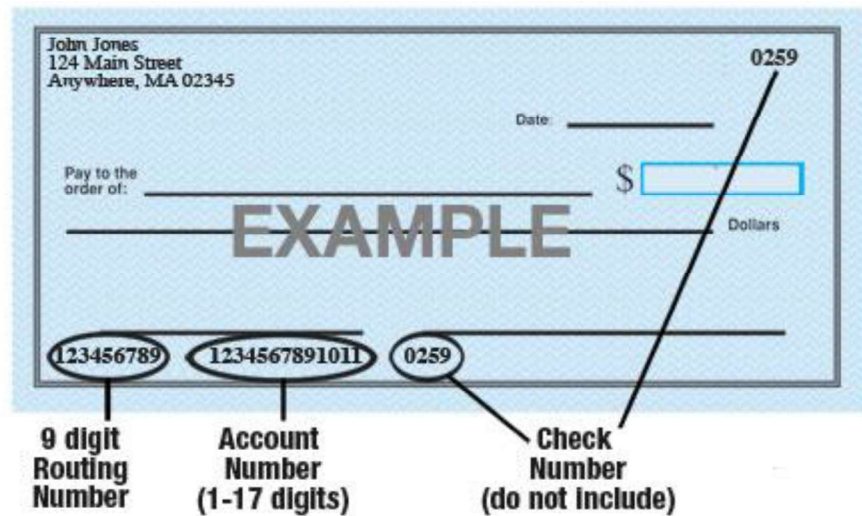


Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: Ashley Shelton
Address: 175 Wooten Road
City, State, Zip: Ringgold, GA 30736



Name of Bank: Chime
Account #: 389163823021
9-Digit Routing #: 031101279

Amount: ☐ \$ _____ ☐ _____ % or ☒ Entire Paycheck

Type of Account: ☒ Checking ☐ Savings

Please attach a voided check or equivalent for each bank account to which funds should be deposited.

Carelink of Georgia is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: 
Ashley Shelton (Feb 5, 2025 20:33 EST)

Date: Feb 5, 2025







Direct Deposit Authorization form

Final Audit Report

2025-02-06

Created:	2025-02-05
By:	Kimberly Coley Henderson (kvcoley@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAyrxNaThpMPRStp-ZUEQs6i16ktNx-1Ft

"Direct Deposit Authorization form" History

-  Document created by Kimberly Coley Henderson (kvcoley@gmail.com)
2025-02-05 - 10:35:45 PM GMT
-  Document emailed to ashleyshelton080817@gmail.com for signature
2025-02-05 - 10:36:16 PM GMT
-  Email viewed by ashleyshelton080817@gmail.com
2025-02-05 - 11:25:49 PM GMT
-  Signer ashleyshelton080817@gmail.com entered name at signing as Ashley Shelton
2025-02-06 - 1:33:38 AM GMT
-  Document e-signed by Ashley Shelton (ashleyshelton080817@gmail.com)
Signature Date: 2025-02-06 - 1:33:40 AM GMT - Time Source: server
-  Agreement completed.
2025-02-06 - 1:33:40 AM GMT