



**COMPLETE CARE
HOME WARRANTY**

Direct Deposit Request Form

Appliance Repair Group INC, DBA AID Appliances
Company Name:

Natella Garamova
Contact Name(Owner, Office Manager, or Accounts Payable etc):

20202 Cohasset st, unit 14, Winnetka, CA 91306
Company Office Address: City: State: Zip:

(818) 203-3868

Company Telephone Number
818-921-5881

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Company Fax Number

I, hereby authorize **COMPLETE CARE HOME WARRANTY 'CCHW'** to initiate automatic deposits to my account, to the financial institution name listed below. In the event of a direct deposit payment being unsuccessful, **'CCHW'** will make every effort to release payment expeditiously.

Furthermore, I agree not to hold **'CCHW'** responsible for any delay or loss of funds due to: incorrect or incomplete information; failure to invoice within 30 days of job completion; and/or invoicing for work done without prior approval.

This agreement will remain in effect until **'CCHW'** receives written notice of cancellation from me or my financial institution, OR until I submit a new direct deposit form to the Accounts Payable department.

Bank Name: Wells Fargo

Routing Number: 122000247

Account Number: 6798199896

[Signature] 10/30/2020
Signature and Date