

# Abby Services, Inc.

## Authorization to Pay

I, \_\_\_\_\_ hereby authorize Abby Services, Inc. to pay on my behalf  
(Independent Contractor)

the specified amounts listed below:

Description	Amount	Date
➤ Malpractice Insurance	_____	_____
➤ AHCA 3001-0002 Criminal History Check	_____	_____
➤ Physical Assessment	_____	_____
<b>Total Amount</b>	_____	

I authorize Abby Services to collect all fees paid on my behalf and identified above, from my first check.

All subsequent checks, as fee for service, will be paid weekly with proper documentation.

Independent Contractor \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)