

Electronic Funds Transfer (EFT) Form

Employee Information:	
Name: Michele Casteel	_ SS#: <u>253-39-4876</u>
Address: 663 wedowee st	
City, State, Zip: Bowdon, Ga 30108	
Phone #: <u>770-900-9742</u>	
Bank Information: **PLEASE ATTACH A	VOIDED CHECK**
Bank Name: Bank of America	
Name on Account: Michele Y. Casteel	
Account #: 000147565007	Routing #: 061000052
☐ Checking ☐ Savings	
Authorization Agreement: I hereby authorize Search & Sordirectly into the above mentioned account. This authority will notice that I am terminating this contract, or until Search & Sideposit service has been discontinued. I understand that I multime for my instruction to be executed. If an incorrect deposit authorize my bank and Search & Social Media, LLC to make the	remain in effect until I have given writter ocial Media, LLC has notified me that this st give advance notice to allow reasonable t should be made into my bank account,
Employee Signature: Michele Casteel (Aug 18, 2010)	Date: Aug 18, 2010