

Electronic Funds Transfer (EFT) Form Employee Information:

Name: Sherry Williams	SS#: <u>227985079</u>
Address: 10360 N Donegal Rd	
City, State, Zip: Chesterfield, VA 23832	
Phone #: 804-231-8534	
Bank Information: **PLEASE SEE EXAMPLE B	ELOW- ATTACH VOIDED CHECK**
Bank Name: Virginia Credit Union	
Name on Account: Sherry Lynn Williams	
Account #: 0009442108	Routing #: 251082615
☐ Checking ☐ Savings	
Authorization Agreement: I hereby authorize Search & directly into the above mentioned account. This authority notice that I am terminating this contract, or until Search deposit service has been discontinued. I understand that time for my instruction to be executed. If an incorrect de authorize my bank and Search & Social Media, LLC to make	will remain in effect until I have given writter & Social Media, LLC has notified me that this I must give advance notice to allow reasonable posit should be made into my bank account,
Employee Signature: Sherry Williams	Date: 08/02/2010

Please be sure to enter the correct numbers into the corresponding fields of the direct deposit form. If the numbers are incorrect or reversed, there may be a delay in processing your payment.

EXAMPLE:



Signature: Sherry Williams (Sep 3, 2010)

Email: slw9999@live.com