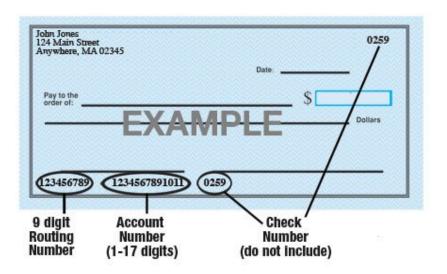


## **Electronic Funds Transfer (EFT) Form**

Employee Information:	
Name: Sarah Szczerbiak	SS#: 600-20-2081
Address: 211 Chancellor St., Apt. B	
City, State, Zip: Charlottesville, VA, 22903	
Phone #: 804-514-9164	
Bank Information: **PLEASE SEE EXAMPLE B	BELOW- ATTACH VOIDED CHECK**
Bank Name:	
Name on Account:	
Account #:	Routing #:
☐ Checking ☐ Savings	
Authorization Agreement: I hereby authorize Search & directly into the above mentioned account. This authorit 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 deauthorize my bank and Search & Social Media, LLC to ma	y 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 eposit should be made into my bank account,
Employee Signature: Sarah Szczerbiak	Date: <u>11/7/10</u>

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: Sarah Szczenbiak
Sarah Szczerbiak (Nov 7, 2010)

Email: supportlivemusic@gmail.com