

Electronic Funds Transfer (EFT) Form

Employee Information:	
Name:	SS#:
Address:	
City, State, Zip:	
Phone #:	
Bank Information: **PLEASE SEE EXAM	PLE BELOW- ATTACH VOIDED CHECK**
Bank Name:	
Name on Account:	
Account #:	Routing #:
☐ Checking ☐ Savings	
directly into the above mentioned account. This a notice that I am terminating this contract, or until deposit service has been discontinued. I understa	earch & Social Media, LLC to deposit my paychect authority will remain in effect until I have given writter Search & Social Media, LLC has notified me that this and that I must give advance notice to allow reasonable orrect deposit should be made into my bank account, C to make the appropriate adjustment(s).
Employee Signature:	Date:

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: Bonny C Hasper (Nov 2, 2010)

Email: bonnywords@gmail.com