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Independent Contractor Direct Deposit Form

**Consumer authorization for automated credit entries.**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

Company Name SpaFoo Company ID Number \_\_\_\_\_

I (we) hereby authorize Donita Duncan, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) ☒ Checking ☐ Savings account (select one) indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY

NAME Donita Duncan BRANCH Firefighters credit union

CITY New Orleans STATE LA ZIP 70131

TRANSIT/ABA NO. 265075812 ACCOUNT NO. 197000448300

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) Donita Duncan ID NO. 433-57-4349

DATE June 16, 2017 SIGNED Donita Duncan