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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 A. Duncan

BRANCH

New Orleans Firemen's

CITY

New Orleans

STATE

La

ZIP

credit union  
70131

TRANSIT/ABA NO.

265 075812

ACCOUNT NO.

1970004483800

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 A. Duncan

ID NO.

433-57-4349

DATE

SIGNED