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Independent Contractor Direct Deposit Form

Consumer authorization for automated credit entries.**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

Company

Company

Name Tyra Barabino

ID Number _____

I (we) hereby authorize Tyra Barabino, 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 Capitol oneBRANCH Canal streerCITY New orleansSTATE LaZIP 70119TRANSIT/ABA NO. 031176110ACCOUNT NO. 36058534457

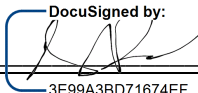
This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) Tyra Barabino

ID NO. _____

DATE 12/12/2018

SIGNED

DocuSigned by:

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