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Independent Contractor Direct Deposit Form

Consumer authorization for automated credit entries.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company

Name Eric June (Mosaic Massage)

Company

ID Number 437-45-0168

LA 4905

I (we) hereby authorize Eric June, 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 Chase Bank

BRANCH Orleans

CITY New Orleans

STATE LA

ZIP 70119

TRANSIT/ABA NO. 065400137

ACCOUNT NO. 868293825

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) Eric June

ID NO. 437-45-0168

LA 4905

DATE _____ SIGNED _____