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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

ID Number

I (we) hereby authorize _____, 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 DONNA MONTAGUE BRANCH REGIONS BANK

CITY NEW ORLEANS STATE LA ZIP 70131

TRANSIT/ABA NO. 065403626 ACCOUNT NO. 0182119805

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) DONNA MONTAGUE ID NO. _____

DATE 10/25/17 SIGNED [Signature]