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Independent Contractor Direct Deposit Form

Consumer authorization for automated credit entries.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name Roxanna Prudhomme Company 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 Corina Thomas BRANCH First American Bank

CITY Kenner STATE LA ZIP 70062

TRANSIT/ABA NO. 065402423 ACCOUNT NO. 4393471

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) Corina Thomas ID NO. _____

DATE 10-27-2017 SIGNED Corina Thomas