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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 The Agapé Touch Mobile Massage

ID Number \_\_\_\_\_

I (we) hereby authorize The Agapé Touch Mobile Massage 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 Capital One Bank

BRANCH Online

CITY Harvey

STATE Louisiana

ZIP 70058

TRANSIT/ABA NO. 031176110

ACCOUNT NO. 36026357833

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.

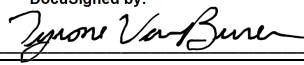
NAME(S) Tyrone Van Buren

ID NO. \_\_\_\_\_

DATE 9/19/2018 7:15:54 AM PST

SIGNED

DocuSigned by:



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