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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 Spa Foo, 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 Shelly Winters Black BRANCH Chase

CITY Maurice STATE Louisiana ZIP 70555

TRANSIT/ABA NO. _____ ACCOUNT NO. 787258503

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) _____ ID NO. _____

DATE May 9th, 2017 SIGNED Shelly winters Black