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Independent Contractor Direct Deposit Form

Consumer authorization for automated credit entries.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name BIBA ISLA Company ID Number _____

I (we) hereby authorize SPAFOO, 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 BIBA ISLA BRANCH CAMPUS FEDERAL

CITY NEW ORLEANS STATE LA ZIP 70115

TRANSIT/ABA NO. _____ ACCOUNT NO. 10779372-01

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) HABIBA NEVILLE ID NO. _____

DATE 11/14/2018 SIGNED Habiba Neville