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Independent Contractor Direct Deposit Form

Consumer authorization for automated credit entries.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name Spa Foo Company ID Number _____

I (we) hereby authorize Catherine Galland, 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 Catherine Galland BRANCH houma
CITY Houma STATE LA ZIP 70360

TRANSIT/ABA NO. 065405297 ACCOUNT NO. 307769

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) Catherine Galland ID NO. _____

DATE 8/30/17 SIGNED Catherine Galland