



Direct Deposit Request Form

GFL HEATING & COOLING

Company Name:

YANNIUS PEREZ

Contact Name(Owner, Office Manager, or Accounts Payable etc):

PO BOX 336

JACKSONVILLE

NC

28541

Company Office Address:

City:

State:

Zip:

(910) 548 6259

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Company Telephone Number

Company Fax Number

I, hereby authorize **COMPLETE CARE HOME WARRANTY 'CCHW'** to initiate automatic deposits to my account, to the financial institution name listed below. In the event of a direct deposit payment being unsuccessful, **'CCHW'** will make every effort to release payment expeditiously.

Furthermore, I agree not to hold **'CCHW'** responsible for any delay or loss of funds due to: incorrect or incomplete information; failure to invoice within 30 days of job completion; and/or invoicing for work done without prior approval.

This agreement will remain in effect until **'CCHW'** receives written notice of cancellation from me or my financial institution, OR until I submit a new direct deposit form to the Accounts Payable department.

NAVY FEDERAL CREDIT UNION

Bank Name: _____

256074974

Routing Number: _____

7057824091

Account Number: _____

A handwritten signature in black ink, appearing to be "Y. Perez", is written over a horizontal line.

12/15/2020

Signature and Date