



Direct Deposit Request Form

Affordable Refrigeration LLC GA

Company Name:

John Ivy

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

3212 Northlake PKWY NE

Company Office Address:

City:

State:

Zip:

(770)559-8234

Company Telephone Number

(770)559-8234

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.

Bank Name: Bank of America

Routing Number: 061000052

Account Number: 334056971732

John Ivy 10/30/2020
Signature and Date