Subcontractor Direct Deposit Authorization Form

Subcontractor's Name	::	SSN or EIN:	
I authorize			(Company Name)
to deposit my compen	sation for services automatical	ly to the checking or savings a	ccount indicated
below and, if necessar	ry, to adjust or reverse a deposi	t for any ACH credit entry mac	le to my account in
error. I acknowledge t	hat the origination of ACH tran	sactions to my account must c	omply with U.S. law.
NOTE: Direct Deposit i routing number is: 124	s NOT available for Green Dot I 1303120.	3ank (Example: Walmart Mone	ey Card) whose
1. Name on Chec	king or Savings Account:		
2. Name of Finan	cial Institution:		
3. Financial Institu	ution Routing Number (see sam	nple check below):	
4. Financial Institu	ution Account Number (see sar	nple check below):	
5. Type of Accour	nt (check one box):	ing Savings	
	JOHN SMITH MARY SMITH 999 Maple Street Someplace, NY 10000 Pay to the Order of SOME BANK Someplace, NY 10000 For 109009099 1357902468 12 Note: The routing and account numbers may app	Date	
	et deposit authorization will ren in writing to revoke this author I this authorization.		•
Subcontractor's Signat	ture:	Date:	