INDEPENDENT CONTRACTOR

Direct Deposit Authorization Form

Please complete this form to authorize direct deposit payments for your independent contractor services. Return the completed form along with a voided check or bank letter to the accounts payable department.

COMPANY INFORMATION

COMPANY NAME _____

CONTRACTOR INFORMATION

CONTRACTOR LEGAL NAME (INDIVIDUAL OR BUSINESS ENTITY) _____

TAXPAYER ID NUMBER (SSN OR FEIN) _____

STREET ADDRESS _____

PHONE NUMBER _____

CITY _____

STATE _____

ZIP CODE _____

EMAIL ADDRESS _____

BANKING INFORMATION

BANK NAME _____

ACCOUNT TYPE

☐ CHECKING ☐ SAVINGS

ROUTING TRANSIT NUMBER (9 DIGITS) _____

ACCOUNT NUMBER _____

AUTHORIZATION STATEMENT

I hereby authorize the Company named above to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error, to my bank account indicated above. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Bank a reasonable opportunity to act on it. I understand that as an independent contractor, I am solely responsible for any tax liabilities associated with payments received.

_____ **AUTHORIZED SIGNATURE**

_____ **PRINTED NAME**

_____

DATE

ATTACH VOIDED CHECK OR BANK LETTER HERE