

Small Business Professional Services, LLC

***Professional *Personal *Reliable**

Authorization for Direct Deposit - Employee Form

This authorizes _____ (the 'Company') to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted methods, to my (our) account(s) indicated below and to other account(s) I (we) identify in the future (the 'Account') This authorizes the financial institution holding the Account to post all such entries.

Enter your company name in the blank space above:

Account #1:

Account type (e.g. checking/savings:	
Employee Bank Name:	
Branch:	
City, State:	
Account Number:	
Bank Routing Number (ABA):	

Account #2:

Account type (e.g. checking/savings:	
Employee Bank Name:	
Branch:	
City, State:	
Account Number:	
Bank Routing Number (ABA):	

This authorization will remain in effect until the Company receives written termination notice from myself and has a reasonable opportunity to act on it.

Signature: _____

Printed Name: _____

Employee ID/SSN #: _____

Date: _____