

LEADS PLUS

Authorization for Direct Deposit

I, _____ authorize to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing.

Contractor Name: _____

Address: _____

City: _____ State: _____ zipcode: _____

Phone: _____

Social Security Number: _____

EIN Number: _____

Name on bank account: _____ checking Saving

Bank account number: _____

Bank Routing Number: _____

Payers: Please copy for your records

x

Contractors Authorization

Date

ATTN: Payroll Department
Scan to: bruce@leadsplus.us
Direct Fax 847-510-0516

This is a 1099 position