



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (Credits)

NOTE: PLEASE ALLOW 10 BUSINESS DAYS IN ORDER FOR CHANGES TO YOUR DIRECT DEPOSIT INFORMATION TO TAKE EFFECT.

I hereby authorize Ideal Business Solutions to initiate credit entries (and either debit or credit entries which are necessary for corrections), to my checking and/or savings account(s) indicated below.

Company Name: _____

Effective Date: _____

List all accounts each time you make a change. This form will replace any previous form.

DEPOSITORY (BANK NAME / BRANCH)	BANK TRANSIT / ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE (Choose one)	DEPOSIT AMOUNT Entire, %, \$ or Remaining Balance
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authority is to remain in full force and effect until Ideal Business Solutions has received **written** notification from me of this termination in such time and in such manner as to afford Ideal Solutions a reasonable opportunity to act on it (**Minimum 10 Days**).

(Note: For your Direct Deposit to work properly)

If your new direct deposit information is not received prior to the payroll from your company being processed, the change in account (s) will go into effect on your next paycheck.

Different banks post direct deposited funds into accounts at different times during the day, morning, afternoon and sometimes evenings.

By signing this form, you agree that the information contained in this document is correct.

NAME (PRINTED)

SIGNATURE

DATE