

# Independent Contractor Direct Deposit Banking Authorization Form

## Contractor Information (To be filled by the Company)

New 1099    Change    Rehire

Company Name:

Department:

Hire Date:

Compensation will be:    Per Hour    Salary/Fixed

Hourly Pay Rate:

Salary/Fixed Amount:

## Contractor Information (To be filled by the Independent Contractor)

Legal Name:

Social Security No:

**OR**

Company Name:

TIN:

Address:

City:

State:

Zip:

Email:

Phone Number:

## 1. Deposit/Account Information

Bank Name:

Routing #:

Account #:

Choose only one account type:

Checking

Savings

Amount to deposit in selected account:

\$

or

Full Net Amount

## 2. Deposit/Account Information

Bank Name:

Routing #:

Account #:

Choose only one account type:

Checking

Savings

Amount to deposit in selected account:

\$

or

Full Net Amount

## 3. Deposit/Account Information

Bank Name:

Routing #:

Account #:

Choose only one account type:

Checking

Savings

Amount to deposit in selected account:

\$

or

Full Net Amount

## Employee Information Authorization

Important! Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter "Employer"), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

Legal Name:

(First Name, Middle Initial, Last Name)

Signature:

Date: