DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐

MI ☐

Social Security Number ☐☐☐ ☐☐ ☐☐☐☐

Work Phone ☐☐☐ ☐☐☐ ☐☐☐☐

Action

☐ New ☐ Change ☐ Cancel

Effective Date

☐☐ Month ☐☐ Day ☐☐☐☐ Year

Name of Financial Institution

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Include hyphens but omit spaces & special symbols)

Type of Account

☐ Checking ☐ Savings

Routing Transit Number

☐☐☐☐☐☐☐☐☐

All 9 boxes must be filled. The first 2 numbers must be 01 through 12 or 21 through 32

Ownership of Account

☐ Self ☐ Joint ☐ Other

By signing this agreement, I authorize LOVE AT FIRST BITE CATERING to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize LOVE AT FIRST BITE CATERING to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

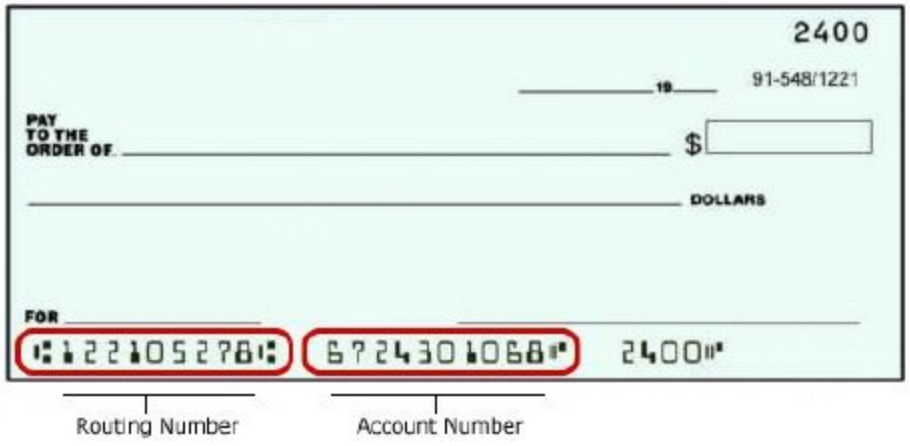
Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below. Signature _____ Date _____

HOW TO COMPLETE THIS FORM

1. **Fill in all boxes above.**
2. **Sign & date the form.**

TIP - Call your financial institution to make sure they will accept direct deposits.

TIP - Verify your account number and routing transit number with your financial institution

TIP - Do not use a deposit slip to verify the routing number