

Authorization for ACH Direct Deposit

Customer Information		
Name (Please Print) _____	Company Name _____	
Social Security # / Federal Tax ID # _____	Vendor Code _____	
Email Address _____	Phone Number _____	
Bank Name _____	Branch/Phone Number _____	
City / Town _____	State _____	ZIP _____

Account Information
<p>I authorize TimePayment Corp. and the financial institution named below to deposit all funds payable to me automatically to my checking account. I also authorize adjusting entries, as they may be required. I understand that Direct Deposit may be altered with three weeks written notice to TimePayment Corp. During the prenote/change period TimePayment will automatically send disbursements by check.</p>
Authorized Signature _____ Date _____

Clerical Information	
Routing Number	: <input style="width: 100px; height: 20px;" type="text"/> :
Account Number	<input style="width: 300px; height: 20px;" type="text"/>

Company Name	11-1111/1111
Company Address	
	1000
Pay to the Order of _____	\$ <input style="width: 100px; height: 20px;" type="text"/>
	DOLLARS
BANK NAME	
ADDRESS	
MEMO _____	
Routing Number	Account Number
: 0123456789 :	4444444444 1000

VOID