

# Independent Contractor Direct Deposit Authorization Form

(Please print and complete ALL the information below)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please have my earnings automatically deposited in the following accounts:

Name of Bank: \_\_\_\_\_ 9-Digit Routing #: \_\_\_\_\_

Account No: \_\_\_\_\_

Type of Account:            Checking                    Savings

I authorize LeSheas Creative Resources, LLC and the financial institution named above to deposit my payroll check. This also includes my authorization for LeSheas Creative Resources, LLC to reverse any entries that were made in error. This authorization will remain in effect until company receives written notice from myself and has a reasonable opportunity to act on it.

Independent Contractor Signature: \_\_\_\_\_

Independent Contractor Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_