

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

I authorize TimePayment Corp. and the financial institution named below to deposit all funds payable to me automatically to my checking account. 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.

Authorized Signature _____ Date _____

Clerical Information

Routing Number _____

Account Number _____

Company Name	11-1111/1111
Company Address	
	1000
Pay to the Order of _____	\$ <input style="width: 100px;" type="text"/>
	DOLLARS
BANK NAME	
ADDRESS	
MEMO _____	
Routing Number	Account Number
: 0123456789 :	444444444 1000

VOID