

Direct Deposit Authorization Form



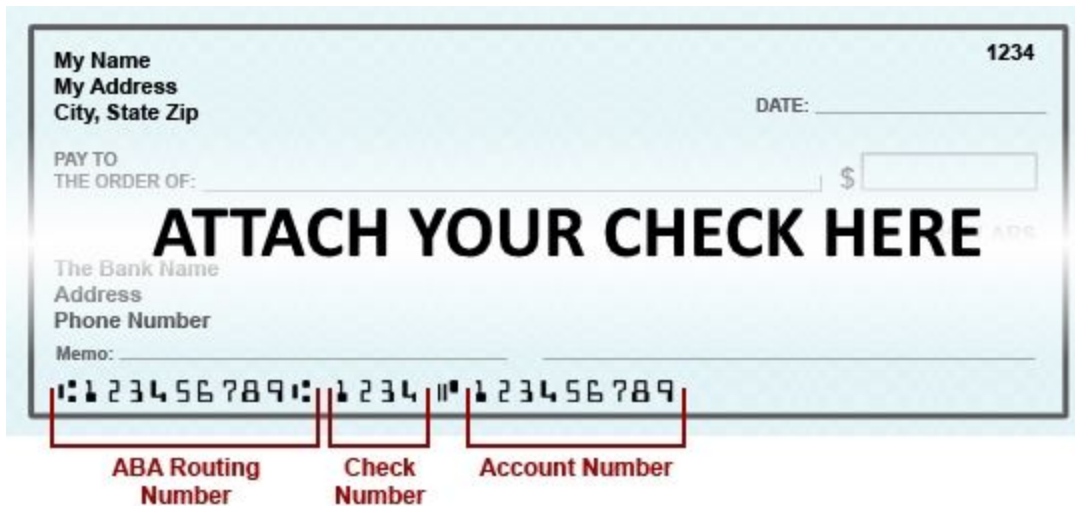
This document must be completed and signed by employees requesting automatic deposit of paychecks. Employees must attach a voided check for their account to verify their account and routing numbers.

Check bank account type: _____Checking _____Savings

Bank routing number (ABA number): _____ (9 Digits)

Account number: _____

Phlebotek will electronically deposit your full paycheck into the account specified above



My Name
My Address
City, State Zip

DATE: _____

1234

PAY TO
THE ORDER OF: _____ \$ _____

ATTACH YOUR CHECK HERE

The Bank Name
Address
Phone Number

Memo: _____

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4 ⑆ 1 2 3 4 5 6 7 8 9

ABA Routing Number Check Number Account Number

Completing this form authorizes Phlebotek to send credit entries (and appropriate adjustment entries), electronically or by any other commercially accepted method, to my account indicated. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until Phlebotek receives a written termination notice from myself and has a reasonable opportunity to act on it. I am responsible for any bank fees or costs (including not receiving payment) if this form is received without a voided copy of a check.

Name: _____ Social Security Number: _____ - _____ - _____

Full address: _____

Signature: _____ Date: _____

Submission options: Sign online OR fax this completed form to 224-400-6055,
OR scan and email to accounting@phlebotek.com OR picture message to (765-374-5323)
PHLEBOTEK - PO BOX 2263 FT. LAUDERDALE, FL 33303