## **Direct Deposit Authorization Form**

Please print and complete ALL the information below. Name: Address: City, State, Zip: John Jones 124 Main Street 0259 Anywhere, MA 02345 1234567891011 (0259 9 digit Account Check Routing Number Number (1-17 digits) (do not include) Name of Bank: Account #: 9-Digit Routing #: **Type of Account:** Checking Savings (Check One) Attach a voided check for each bank account to which funds should be deposited (if necessary) ROI Network, LLC is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. Independent Contractor's Signature:

Date: