



Direct Deposit Enrollment Form

Name:	Social Security Number:
Address:	City, State, Zip:

Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number:	Account Number:

I hereby authorize **Oh Mannequin & All Things Visual** to initiate automatic direct deposit to my account listed above.

Further, I agree not to hold **Oh Mannequin & All Things Visual** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Oh Mannequin & All Things Visual** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

A voided check with the same account number and routing number must be attached to this form to guarantee processing.

Employee/Contractor Signature

Print Name

Date