** DIRECT DEPOSIT AUTHORIZATION FORM**

New Authorization

**Payee Information:**

Name :

DOB:

SSN:

Address:

Fax Number:

Bank Routing Number:

Account Number:

Type of Account:

Amount to Deposit: 100%

**Attachments:** Attached to this Authorization is a voided check for my account.

I authorize In the Master's Hand Salon to deposit all payments due to me in the account(s) named herein. I further authorize In the Master's Hand Salon the authority to make debits or take other corrective actions, if necessary, in relation to any deposit made by In The Master's Hand Salon into the account(s).

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