



**11900 Biscayne Blvd (Suite 290)
North Miami Beach, FL 33181**

Direct Deposit Form

Company name: _____

Name of Bank: _____

Account Type: ☐Checking ☐Savings

Routing #: _____

Account #: _____

Zelle: _____

Attention:

Please, double check your information before sending it to us.

You **must** send your invoice to receive payment.

You may send it to: accounting@jlremodelinc.com