



# DIRECT DEPOSIT AUTHORIZATION

Direct deposits may take 1-2 pay cycles for full implementation

Please print and complete ALL the information below.

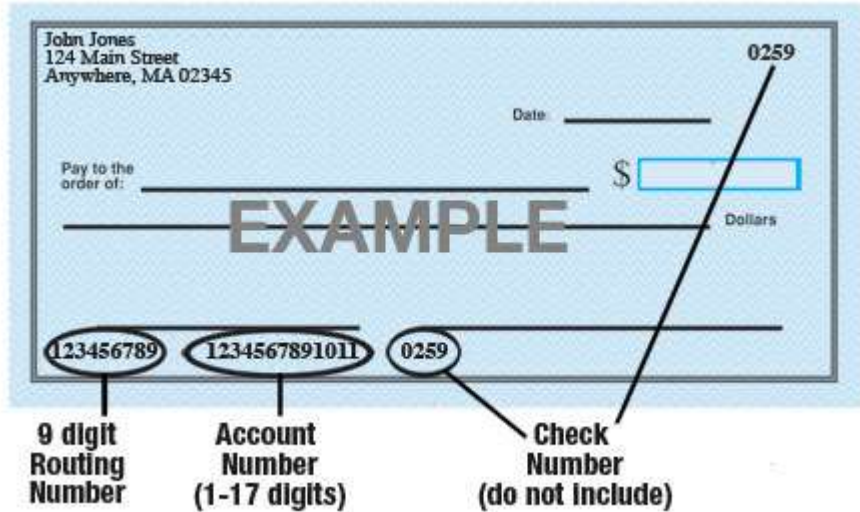
Trade Name: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



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 available)*

Inaccurate or outdated banking information may result in delayed payment. Payee is responsible for ensuring correct and up to date banking details

Metro Support Services, Inc. is hereby authorized to directly deposit my contractual payments to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_