Fiscal Agent Employee Direct Deposit Authorization

Instructions: 1. Complete, sign, and date this form
2. Attach required documents.
NOTE: To be effective for the pay date, submit this form at least five business days before the pay date.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account: ☐Checking ☐Savings

Required Documents

Attach either a voided check or a letter from the bank.

- Starter checks may not be used.
- Must have the routing and account numbers for the account.
- Must be typed.
- Letter must be printed on bank letterhead and state type of account (checking or savings) and account holder's name.

I hereby authorize iLIFE to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my bank account at the financial institution noted above.

This authorization is to remain in full force and effect until iLIFE receives written notice from me of its termination, in such time and manner as to allow iLIFE and the financial institution a reasonable opportunity to act on it.

Employee Name (printed):_____

Employee Number: _____

Signature: _____ Date: _____

Employer/Client Name (printed): _____