



Fiscal Agent Vendor Direct Deposit Authorization

- Instructions:** 1. Vendor completes all information and signs at the bottom.
2. Attach a voided check or typed bank verification with the account and routing numbers and account holder's name.
NOTE: To be effective for the pay date, submit this form at least five business days before the pay date.

Vendor Name: _____

Address: _____

Tax Identification Number (EIN or Last Four Digits of SSN): _____

Contact Name: _____

Contact Phone Number: _____

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.

As an authorized representative of the Vendor Name listed above, 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.

Vendor Signature: _____ Date: _____