iLIFE
Choice. With Confidence.

IRIS 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	Required Documents
☐ Checking	Attach either a voided check or a letter from the bank. • Must have the account holder's name, routing and account numbers for the account. • Must be typed. • Starter checks may not be used. • Letter must be printed on bank letterhead.
☐ Savings	Attach a letter from the bank. • Must have the account holder's name, routing and account numbers for the account. • Must be typed. • Must be printed on bank letterhead.

As an authorized representative of the Vendor Name listed above, I hereby authorize iLIFE to initiate credit entries and to initiate, 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: _____