



## Direct Deposit Authorization

**IMPORTANT:** Voided check or typed bank verification with the account number, routing number and account holder's name must be attached for processing.

Attendant Name: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

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 affect 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.

Attendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_