



## Direct Deposit Authorization Form CONTRACTOR / 1099 / Non-Employee

**General Instructions:** (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*), and (3) Return this to your Payroll Manager. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number on an official bank form (*it usually is not the number on a deposit slip*). See example at bottom.

Company: Kate's K9 Pet Care

*Bank Account Information. (Last item must equal remaining balance. For more accounts, attach additional sheets).*

CHOOSE ONE: ☐ CONTRACTOR / 1099 ☐ OTHER (explain): \_\_\_\_\_

\_\_\_\_ New Account \_\_\_\_ Additional Account \_\_\_\_ Replacement Account

1. Bank Name, City, & State: \_\_\_\_\_

Routing & Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking ☐ Savings Please deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or \_\_\_\_\_ % or ☐ Remaining Net Pay

\_\_\_\_ New Account \_\_\_\_ Additional Account \_\_\_\_ Replacement Account

2. Bank Name, City, & State: \_\_\_\_\_

Routing & Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking ☐ Savings Please deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or \_\_\_\_\_ % or ☐ Remaining Net Pay

**Important!** Account Holder, please read and sign the following before you complete and submit your account information.

I hereby authorize and request Kate's K9 Pet Care (hereinafter referred to as "Company") named above to make payment of any amounts owed to me by initiating credit entries to my account indicated below at the bank named below. I also authorize and request the bank to accept any credit entries initiated by my Company to such account and to credit the same to such account without responsibility for the correctness thereof. I further authorize and request my Company to effect repayment to my Company for amounts owed to it because of prior erroneous credit(s) initiated to my account. It is understood that this agreement may be terminated by me at any time by written notification to my Company. Any such notification to my Company shall be effective only with respect to entries initiated by my Company after receipt of such notification and a reasonable opportunity to act on it. I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold my Company and any of its subsidiaries harmless from any claim incident to the operation of this plan, arising from any act or omission by my Company, their employees, including without limitation, any claim based on alleged loss as a result of any non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

NAME ON BANK ACCOUNT: \_\_\_\_\_ Payee Name on File \_\_\_\_\_

Printed Signer's Name: \_\_\_\_\_ ☐ SSN or ☐ FEIN: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIX CHECK HERE, DO NOT STAPLE**  
**YOU MAY TAPE TO A SECOND BLANK PAGE INSTEAD**