



Innovative Business Consultants

Direct Deposit Form

Employer Name		Employee SS#
Employee Name		Employee Phone #
Employee Address		
City	State	Zip

I hereby authorize **Innovative Business Consultants (IBC)** to initiate credit entries to my:

Checking Account or Savings Account

Indicated below and the depository named below (Depository) to credit the same to such account.

FOR DIRECT DEPOSIT TO:	
BANK NAME: _____	
<u>Checking Account:</u>	Bank Routing Number: _____ Checking Account Number: _____ <u>OR</u>
<u>Savings Account:</u>	Bank Routing Number: _____
	Savings Account _____ Number:

This authority will remain in full force and effect until Innovative Business Consultants has received written notification from me of its termination in such time and in such manner as to afford Innovative Business Consultants a reasonable opportunity to act on it. Innovative Business Consultants is not responsible for any bank fees related to expenditures made before an actual ACH deposit is in your account. It is your responsibility to verify that the funds are in your account before you expend them.

Employee Signature

Date

412 Water Street | Sioux City | IA | 51103
Phone (712) 277-2424