



Innovative Business Consultants

# Direct Deposit Form

## Authorization Agreement for Reimbursement

|                  |       |                  |
|------------------|-------|------------------|
| Employer Name    |       |                  |
| Employee Name    |       | Employee Phone # |
| Employee Address |       |                  |
| City             | State | Zip              |

- Setup new Direct Deposit     Change Direct Deposit Account     Cancel Direct Deposit

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

|   |  |
|---|--|
| For Direct Deposit To:                            |  |
| Name of Bank: _____                               |  |
| <input type="checkbox"/> <u>Checking Account:</u> | Bank Routing Number: _____<br>Checking Account Number: _____ |
| <input type="checkbox"/> <u>Savings Account:</u>  | Bank Routing Number: _____<br>Savings Account Number: _____  |

I hereby authorize Innovative Business Consultants to initiate credit entries to the bank account indicated above and, if necessary, to initiate debit entries and adjustment for any credit entries made in error to my account. This authorization is to remain in full force and effect until Innovative Business Consultants has received written notice from me of its termination and has had a reasonable opportunity to act on it. I understand that this authorization cannot be processed unless it is completed in full and returned to Innovative Business Consultants. By authorizing any direct deposits, I certify that the reimbursed expenses qualify for reimbursement under IRS regulations, are for a qualifying individual, and will not be reimbursed from any other source.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_