



Authorization for Direct Deposit

I authorize D&S Diversified Technologies, LLP to deposit any compensation earned automatically to the account indicated below and if necessary, to adjust or reverse a deposit for any payment entry made to my account in error for the amount of the error only. This authorization will remain in effect until I cancel it in writing and give enough time to afford D&S Diversified Technologies, LLP a reasonable opportunity to act on my cancellation request.

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Social Security Number: _____

Name on Bank Account: _____

Bank Account Number: _____ Checking Savings

Bank Routing Number: _____

Independent Contractor Signature Authorizing Direct Deposit: _____

Date: _____

Attach an Image of a Voided Check after Submitting the above information: