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Authorization for Direct Deposit

I authorize D&S Diversified Technologies, LLP or Headmaster, LLP to deposit my pay 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. This authorization will remain in effect until I cancel it in writing and in such time as to afford D&S Diversified Technologies, LLP or Headmaster, LLP a reasonable opportunity to act on it.

Company Name: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Employer Identification Number (EIN): _____

Name on Bank Account: _____

Bank Account Number: _____ Checking ___ Savings ___

Bank Routing Number: _____

PLACE VOIDED CHECK HERE
(No Deposit Slips)

If you cannot provide a voided check, an official bank letter is required

Signature: _____

Date: _____