



Direct Deposit Form

I hereby authorize The Zource, to initiate credit entries to my Checking Account / Savings Account (**select one**) indicated below at the depository financial institution named below and to credit the same to such account. I acknowledge that the originator of ACH transactions to my (our account) must comply with the provisions of U.S. law.

Name on Account: _____

Address on Account: _____

Account Number: _____

Routing Number: _____

Name of Bank: _____

This authorization is to remain in full force and effect until The Zource has received written notification from me (or either of us) of its termination in such time and in such manners as to afford The Zource and DEPOSITORY a reasonable opportunity to act on it

Authorized Signature on Account above: _____

Date signed: _____