

Vendor Authorization for Direct Deposit



Direct deposit is the deposit of funds to a consumer's account for bill payment and/or other benefits. This signed original must be returned.

Type of Request: ☐ Begin Deposit ☐ Change Information

I (we) hereby authorize Honkamp, P.C, ("the company") to electronically credit my (our) account and, if necessary, to electronically debit my (our) account to correct any erroneous credits. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws, including the laws of the United States.

Account information:

Name on the account: _____

Financial institution name: _____ Financial institution phone #: _____

Account type: ☐ Checking *(Please attach a voided check)* ☐ Savings

Routing number

␣										␣
---	--	--	--	--	--	--	--	--	--	---

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I (we) understand this authorization will remain in full force and effect until I (we) notify the company in writing to the address below that I (we) wish to revoke this authorization. I (we) understand that the company requires at least fifteen (15) days' notice to cancel this authorization.

Printed Name _____ Signature _____

Phone _____ Date _____

Email _____