

DIRECT DEPOSIT FORM

This Direct Deposit Authorization Form ("Form") is entered into by and between the undersigned individual or entity ("Payee") and the undersigned payer ("Payer"). This Form authorizes the electronic transfer of funds into the designated bank account of the Payee.

1. PAYEE INFORMATION

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

2. PAYER INFORMATION

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

3. BANK ACCOUNT INFORMATION

Bank Name: _____

Bank Address: _____

City, State, Zip Code: _____

Account Type (Checking/Savings): _____

Routing Number: _____

Account Number: _____

4. AUTHORIZATION

By signing this Form, the Payee authorizes the Payer to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to the Payee's account indicated above. This authorization will remain in effect until the Payer has received written notification from the Payee of its termination in such time and manner as to afford the Payer and the financial institution a reasonable opportunity to act on it. The Payee agrees to indemnify and hold the Payer harmless from any claims, liabilities, or damages arising from the execution of this authorization.

5. CONSIDERATION

The parties acknowledge that the consideration for this authorization is the mutual benefits derived from the convenience and efficiency of electronic fund transfers.

6. DEFAULT AND REMEDY

In the event of a default by either party in the performance of their obligations under this Form, the non-defaulting party shall have the right to seek all available legal and equitable remedies.

7. GOVERNING LAW AND JURISDICTION

This Form shall be governed by and construed in accordance with the laws of the State of _____ . Any disputes arising under or in connection with this Form shall be subject to the exclusive jurisdiction of the courts located in the State of _____ .

8. SEVERABILITY

If any provision of this Form is found to be invalid or unenforceable, the remaining provisions shall continue to be valid and enforceable.

9. ENTIRE AGREEMENT

This Form constitutes the entire agreement between the parties regarding direct deposit and supersedes any prior agreements or understandings, whether written or oral.

10. NOTICE

Any notice required or permitted to be given under this Form shall be in writing and shall be deemed to have been duly given if delivered personally, sent by registered or certified mail, return receipt requested, or sent by a nationally recognized overnight courier, to the addresses provided herein.

11. AMENDMENT

This Form may be amended only by a written agreement signed by both parties.

12. TERMINATION

This authorization may be terminated by the Payee at any time by providing written notice to the Payer. Termination shall not affect any transactions initiated prior to the Payer's receipt of the termination notice.

13. SIGNATURES

Payee Signature: _____

Printed Name: _____

Date: _____

Payer Signature: _____

Printed Name: _____

Date: _____

14. WITNESS/NOTARIZATION

Witness Signature: _____

Printed Name: _____

Date: _____

Notary Public (if required): _____

Commission Expiry Date: _____

IN WITNESS WHEREOF, the parties hereto have executed this Direct Deposit Authorization Form as of the date first above written.