



Direct Deposit Agreement Form

Authorization Agreement

I, _____, hereby authorize Firewatch Contracting to initiate automatic deposits to my account at the financial institution named below. I also authorize Firewatch Contracting to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Firewatch Contracting responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Account Information

Name of Financial Institution: _____ Phone: _____

ABA / Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Name: _____ EIN or SS#: _____ Date: _____

Authorized Signature (Primary): _____ Date: _____

Please attach a voided check or deposit slip and return with this form