

ACH DEPOSIT AUTHORIZATION FORM

Indoff, Inc. is pleased to offer ACH deposits for your payments to the bank and account of your choice. To arrange for ACH payments.

- ☐ Complete the vendor portion of this form.
- ☐ Attach a copy of a voided check for verification
- ☐ Return by email at verification@indoff.com or by fax at 314-558-2621

TO BE COMPLETED BY PAYEE

I hereby authorize Indoff, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____
(Please print your name as it appears on your account)

☐ New Enrollment ☐ Cancel Enrollment ☐ Change Enrollment

ACCOUNT TYPE: ☐ Checking ☐ Savings

BANK: _____ TELEPHONE #:(____)____-_____
(Bank's Name)

(Bank's Address)

BANK ROUTING #: _____ ACCOUNT#: _____

Email Address for Payment Remittances: _____

The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

I understand that I am required to notify the finance department in writing if I wish to change or cancel my direct deposit. This notification MUST be done at least 5 business days before the scheduled pay date; notifications after this timeframe may not be processed until the following pay date.

I further understand that if my pay is sent to my bank as a result of my late request to change or cancel direct deposit, the company will NOT issue a replacement paycheck until those funds are CONFIRMED returned to the company. This may be a business day or two beyond the scheduled pay date.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY INDOFF

Verbally Confirmed with (vendor contact): _____

Confirmed by: _____ Date Confirmed _____