

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(For initial deposit you must allow 5 business days to initiate)



RECEIVING BANK INFORMATION

Name on Account:

(Must be Owner or Company name listed on W-9)

Receiving Bank Name:

Routing Number:

Account Number:

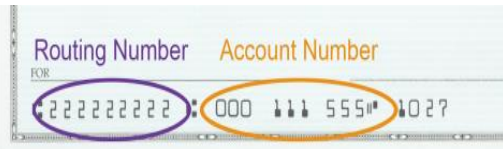
Beginning Date:

Amount: *On demand*

Account Type: Checking

Savings

Frequency: *On demand*



Description for Statement: **Apple Roofing Pmt**

CLOSING A DIRECT DEPOSIT ACCOUNT: Do not close, cancel, or change an existing direct deposit account without first submitting an updated direct deposit form. Failure to notify Apple Roofing of a change to your account may result in delayed payment. Please note that a direct deposit account will remain in effect until you request to have it inactivated, or cancelled at the discretion of Apple Roofing.

AUTHORIZATION AGREEMENT: I hereby authorize Apple Roofing to electronically deposit all monies owed to me to the bank named above. This authorization is to remain in force until such time that Apple Roofing has received written notification from me of its termination in such time and manner as to afford Apple Roofing and the bank named above a reasonable opportunity to act upon it. In the event that Apple Roofing notifies the bank that the funds have been deposited to my account in error, I hereby authorize and direct the bank to return said funds to Apple Roofing as soon as possible. In the event such funds have been drawn from that account so that the return of those funds by the bank to Apple Roofing is not possible, I hereby authorize Apple Roofing to recover those funds by deducting the amount of said funds from any future payments from Apple Roofing until the amount of the erroneous deposit has been recovered in full. I further agree that if I do not immediately repay an erroneous deposit, I will be personally liable for all costs of collection, including reasonable attorney's fees incurred by Apple Roofing in the collection of such erroneous deposit, together with the maximum interest permitted by law.

Signature

Date

I (we) understand and agree that:

1. Apple Roofing has the right to terminate or amend this agreement at any time. I also have the right to terminate this agreement at any time by delivering to Apple Roofing a written revocation signed by me.
2. This agreement is not negotiable and not transferable.

Signature

Date

Date Cancelled:

Signature:

Employee Initials:

Account Number: