

DIRECT DEPOSIT AUTHORIZATION FORM

New Authorization

Payer Information:

Name : S&R Virtual Solutions LLC
Address: 14526 Saint Mary's St.
Detroit
Michigan 48227
Phone Number: (313) 340-2757
Fax Number: _____

Payee Information:

Name : _____
Address: _____

Phone Numbers:
Home: _____
Work: _____
SSN: _____ - _____ - _____
Identification Number: _____

Financial Institution:

Name : _____
Address: _____, _____, _____, _____
Phone Number: _____
Fax Number: _____
Bank Routing Number: _____
Account Number: _____
Type of Account: _____
Amount to Deposit: 100%

Attachments: Attached to this Authorization is a cancelled check for my account.

I authorize S&R Virtual Solutions LLC to deposit all payments due to me in the account(s) named herein. I further authorize S&R Virtual Solutions LLC the authority to make debits or take other corrective actions, if necessary, in relation to any deposit made by S&R Virtual Solutions LLC into the account(s).

This Direct Deposit Form is executed and agreed to by:

Chacara Smith

Waiting for signature

Chacara Smith
chacarasmith@outlook.com
December 12, 2016 at 07:58 pm
Recorded at IP 99.71.187.43

C Smith