



Independent Contractor (1099) Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*), and (3) Return. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number (*it usually is not the number on a deposit slip*). See example at bottom.

Company: _____ Company # _____ Date _____

The undersigned hereby authorizes _____ (“Company”) to deposit any sums Company owes to me into the bank or other financial institution (“Financial Institution”) accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Company, Financial Institution is authorized to return the erroneous payment to Company and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Company and Financial Institution a reasonable opportunity to act.

Print Authorized Signature: _____ Social Security # _____ - _____ - _____

Authorized Signature: _____ Federal ID# _____

Independent Contractor Account Information. (*Last item must equal remaining balance. For more accounts, attach additional sheets.*)

____ New Account ____ Additional Account ____ Replacement Account

1. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings Please deposit: \$ _____ . _____ or _____% or Entire Net Pay

____ New Account ____ Additional Account ____ Replacement Account

2. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings Please deposit: \$ _____ . _____ or _____% or Remaining Net Pay

Checking Account # (usually follows the Routing & Transit #)

Routing & Transit # (9 digit number between these two symbols)

John & Jane Doe
123 Your Street
Anywhere, USA 12345

Date _____

Pay To The Order Of _____ \$ _____

ATTACH VOIDED CHECK DOLLARS

YOUR BANK
123 Your Bank's Street
Anywhere, USA 12345

Memo _____

⑆0 1 234 76 78⑆ ⑆ 234 56 789⑆ ⑆ 200 ⑆⑆

Check Number (is *not* needed to complete this form)

This enrollment form should be kept on file for as long as the Independent Contractor (1099) is active and for 2 years afterward.