

**AUTHORIZATION FOR DIRECT DEPOSIT**

This authorizes At Your Service Cleaning Group, Inc (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**ACCOUNT #1**  
 Percentage or dollar amount to be deposited into this account: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

ABA (routing) #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:  Checking  Savings

**ACCOUNT #2**  
 Percentage or dollar amount to be deposited into this account: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

ABA (routing) #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:  Checking  Savings

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**ATTACH (STAPLE) A BLANK VOIDED CHECK SO WE CAN IDENTIFY THE ACCOUNT AND ROUTING NUMBERS. PLEASE DO NOT ATTACH STARTER CHECKS**

