

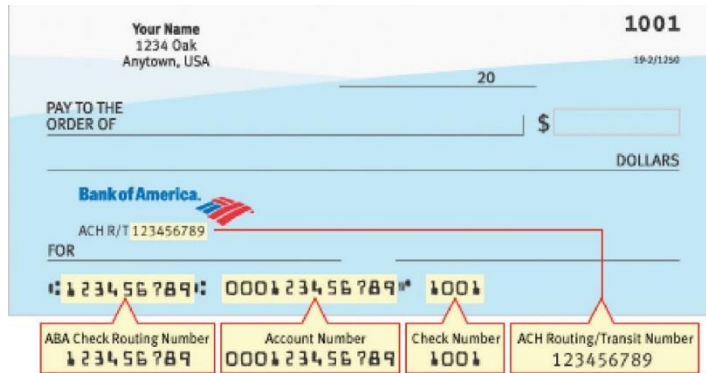


Sign Language Professionals, Inc.

ELECTRONIC DIRECT DEPOSIT AUTHORIZATION

Direct Deposit Account Information (Personal/Individual Accounts Only)

A **voided check and/or a letter from your financial institution**, which includes the ACH Routing Number and your Bank Account Number, should be included with your request. The sample below shows the placement of the information required to complete this form.



I authorize Sign Language Professionals, Inc. (SLP) to electronically deposit to the accounts below:

Personal Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Trans. Type (check one): <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Bank Name: _____	
ACH Routing Number: _____ (Routing number cannot start with a 5)	Bank Account Number: _____

Changes in banks or banking account information will require immediate notification to the SLP Accounts Payable Department and may result delayed payment if received less than one week before SLP's next scheduled Accounts Payable payment process (usually within the first two weeks of a calendar month).

I understand that any changes must be submitted by me in writing at least one week prior to SLP's next scheduled Accounts Payable check process. I agree that in the event that SLP erroneously deposits money into my account, I authorize SLP to debit my account for an amount not to exceed the original amount of the erroneous deposit. Prior to any such collection attempt SLP would notify me in writing. Should the funds no longer be in my account and these funds were not rightfully mine, I agree to return the amount of the erroneous deposit in full, upon demand. By signing this form, I agree to all the conditions and fees imposed by the bank for all above actions and exceptions noted above.

Contractor Signature:	Date:
Print Name:	Email Address (for payment notification):
Subcontractor No. (from SLP Universal Agreement):	