

Ashworth Learning Center

Direct Deposit Authorization Form

NAME: _____

I hereby authorize **Ashworth Learning Center**, hereinafter referred to as the COMPANY, to initiate credit entries and, if necessary, debit entries for adjustments to the following account(s):

CHECKING # _____
ROUTING # (9 DIGITS) ACCOUNT # (4-17 DIGITS)

BANK/FINANCIAL INSTITUTION NAME: _____

BANK/FINANCIAL INSTITUTION PHONE #: _____

This agreement is to remain in effect until the COMPANY has received written notification from me of its termination and time to afford the COMPANY and the BANK/FINANCIAL INSTITUTION to act on it.

Employee Signature: _____ Date: _____

Please attach to this form:

- For checking accounts, a voided check