



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (Credits)

NOTE: PLEASE ALLOW 10 DAYS IN ORDER FOR CHANGES TO YOUR DIRECT DEPOSIT INFORMATION TO TAKE EFFECT.

I (we) hereby authorize Ideal Business Solutions, LLC., Company Tax ID Number (20-1364634), to initiate credit entries (and either debit or credit entries which are necessary for corrections), to my (our) checking and/or savings account(s) indicated below.

List all accounts each time you make a change. This form will replace any previous form.

DEPOSITORY (BANK NAME/BRANCH)	BANK TRANSIT / ABA NUMBER	ACCOUNT NUMBER	Type: Checking, Savings, or Credit Union (HSA)	Deposit Amount: Entire, %, \$ or Remaining Balance

Change to be made effective: _____

This authority is to remain in full force and effect until Ideal Business Solutions, LLC. has received **written** notification from me (or either of us) of this termination in such time and in such manner as to afford Ideal Solutions, Inc. a reasonable opportunity to act on it (**Minimum 10 Days**).

(Note: For your Direct Deposit to Work properly)

A "Pre Note" is created using the information on this form. The pre-note process involves our banks verifying the information you have submitted on this form.

Payrolls from your company must be submitted to Ideal Business Solutions 3 days prior to the direct deposit date or there will be a delay of your money reaching your bank.

Different banks post direct deposited funds into accounts at different times during the day, morning, afternoon and sometimes evenings.

If your financial situation is such that you must know the exact time of day you will have your money deposited this benefit may not be for you at this time.

ATTACH A COPY OF VOIDED CHECK(S) (Deposit Slip is not acceptable)

NAME (Print)

SOCIAL SECURITY/ ID NUMBER

SIGNATURE

DATE

SIGNATURE (For Accounts Requiring 2 Signatures) DATE