

TechLink Services, LLC: Direct Deposit Agreement Form

Authorization Agreement

I, (print name), _____, a representative of (business legal name), _____, authorize TechLink Services, LLC to initiate automatic deposits to my bank account at the financial institution named below.

Please note that the tax ID associated with your bank account must match the tax ID we currently have on file for you which is located in the portal. ***At this time, we cannot initiate Direct Deposit for technicians using banks outside of the US.**

Further, I agree not to hold TechLink Services, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until TechLink Services, LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounting Department.

Account Information

Account Holder's Name: _____

Name of Financial Institution: _____
(Must be located within the U.S.)

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Accounting Department via email at Accounting@TechLinksvc.net