

 **DIRECT DEPOSIT
AUTHORIZATION
AGREEMENT**

I authorize Daniel & Yeager, LLC (“D&Y”) and Regions Bank to electronically deposit my compensation to the specified account:

Please check type of account: Checking Savings

BANK NAME

NAME ON ACCOUNT

BANK TRANSIT / ABA NUMBER

ACCOUNT NUMBER

Any adjustments will be corrected on the following compensation period. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my provider contract.

NAME **(please print - DO NOT LEAVE BLANK)**

SOCIAL SECURITY # or TAX ID #

BUSINESS NAME, IF APPLICABLE **(please print)**

SIGNATURE

DATE

A VOIDED CHECK MUST BE ATTACHED TO ENSURE ACCURACY.

Please Fax or Email completed form to:
Provider Pay Coordinator, D&Y
Fax # (256) 382-6407
Email: Payroll_DY_Provider@dystaffing.com