

**DIRECT DEPOSIT AUTHORIZATION**

Payee Bank Information

Name of Payee(s) \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Accounting Number \_\_\_\_\_

\_\_\_\_\_ Checking      \_\_\_\_\_ Savings

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I hereby authorize Accounting Unlimited, Inc. to send credit entries to my/our accounts as indicated above.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND RETURN TO:**

**519 EAST LEWIS & CLARK PKWY, CLARKSVILLE, IN 47129  
(812)-283-9385 – FAX (812)-283-9380 – (800)-988-7324  
Accountingunlimited.com**