



**SPECIALIZING IN SMALL BUSINESSES & TAXES**

**DIRECT DEPOSIT AUTHORIZATION**

Payee Bank Information

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

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

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

Account Number \_\_\_\_\_

Checking     Savings

\_\_\_\_\_

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 E. LEWIS & CLARK PARKWAY, CLARKSVILLE, IN 47129  
(812)283-9385 - (800)988-7324 - FAX(812)283-9380  
accountingunlimited.com**