



PARTNERSHIPS FOR ACTION. VOICES FOR EMPOWERMENT.

800-5-PARENT - 253-565-2266 - WWW.WAPAVE.ORG

Consultant/Contractor Direct Deposit Form

I hereby authorize PAVE to directly deposit in the bank account(s) listed below. No more than two accounts may be designated. This authorization is to remain in force until the Company has received written authorization from me of its termination or change. If two accounts are designated, deposits are to be made in whole percentages to total 100% of the amount to be paid. Also, I hereby grant PAVE the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Organization Name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account 1:

Financial Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

ABA (Routing)Number: \_\_\_\_\_

Amount of pay to be deposited into this account: \_\_\_\_%

Account 2:

Financial Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

ABA (Routing)Number: \_\_\_\_\_

Amount of pay to be deposited into this account: \_\_\_\_%