



Authorization for Direct Deposit- Independent Contractor Form

This form authorizes Exceptional Solutions LLC to send credit entries (and appropriate debit and adjustments entries), electronically or by any other commercially accepted method, to my account indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the account to post all such entries.

Account Type (check one)

Checking Savings

Bank Name

Bank Routing Number (ABA Number)

Account Number

Please attach a voided check or deposit slip for each account here

This authorization will be in effect until the company received a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Date

Printed Name
Number

Client Support Professional (CSP)

IMPORTANT: This document must be signed by Contractor's requesting automatic deposit of service fees and retained on file by the Independent Business Owner. Please

return the original form and keep a copy for your own records. Please mail this form to Exceptional Solutions LLC, Attn: K. Sibley, PO Box 7391, Lawton, OK 73506. If submitting by electronically email exceptionalsolutionsllc@gmail.com or fax to 918-515-6903.