

# DIRECT DEPOSIT BANK AUTHORIZATION

PLEASE TYPE OR PRINT CLEARLY

Social Security number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name:

\_\_\_\_\_  
(Last) (First) (MI)

Telephone Number:

(Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

## MAILING ADDRESS

Street Address: City, State, Zip

## FINANCIAL INSTITUTION

Bank Name:

Bank Address: City, State, Zip

**ACTION (Check one)**

Change

Establish  Discontinue

**CHECKING ACCOUNT NUMBER:**

**SAVING ACCOUNT NUMBER:**

I hereby authorize and request the company, hereinafter called WORKING WORLD INC., to initiate credit entries and/or deposits in my account. I authorize, if necessary, debit entries and adjustments for any credit entries WORKING WORLD INC. may have processed in error to my checking account. I further authorize the depository indicated above, to credit and/or debit the same to such account. This authority is to remain in full force and effect until WORKING WORLD INC. has received written notification from me of its termination in such time and in such manner as to afford WORKING WORLD INC. immediately in writing of any changes to information pertaining to my checking account or to cancel this authorization.

**SIGNATURE:**

**DATE SIGNED:**

**A VOID CHECK PROVIDES YOUR CORRECT BANK ROUTING AND ACCOUNT NUMBER.**

**PLEASE ATTACH A VOID CHECK  
IN THIS SPACE. THE VOID CHECK MUST BE  
PREPRINTED WITH THE BANK'S IMPRINTED ACCOUNT NUMBER.**

May 2008