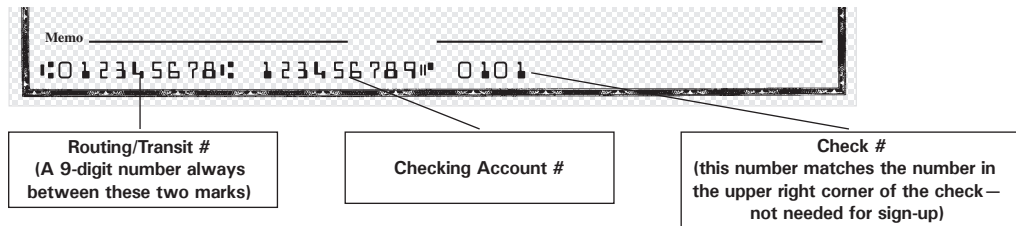




# Independent Contractor Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your Vendor relations manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



### Important! Please read and sign before completing and submitting.

I hereby authorize Streamline Publishing, Inc., either directly or through its service provider, ADP, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries to my account. In the event that Streamline Publishing, Inc. deposits funds erroneously into my account, I authorize Streamline Publishing, Inc., either directly or through its service provider, ADP, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Streamline Publishing, Inc. and Bank have received written notice from me of its termination in such time and in such manner as to afford Streamline Publishing, Inc. and Bank reasonable opportunity to act on it.

Contractor Name: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
By entering my name in this form, I affirm that I have read the rules and regulations prescribed in the above agreement. I understand that entering my name is the electronic equivalent to my signature.

### Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking     Savings     Other    I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_ or     Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking     Savings     Other    I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_ or     Entire Net Amount

3. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking     Savings     Other    I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_ or     Entire Net Amount

### ATTENTION VENDOR RELATIONS MANAGER:

**The Company must keep each original Contractor enrollment form on file as long as the contractor is using FSDD, and for two years thereafter.**