

Experts at Finding Technical Experts™



DIRECT DEPOSIT AUTHORIZATION FORM  
(INDEPENDENT CONTRACTORS AND CONSULTANTS)

Consultant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Please Select One:     New Account     Account Change

I hereby authorize CECON.com LLC to initiate credit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until CECON.com LLC has received written notification from me of its termination in such time and in such manner as to afford CECON.com LLC, and the Financial Institution a reasonable opportunity to act on it. I understand that this authorization is for reimbursement of expenses incurred in regard to company business.

Account Type:         Personal Checking Account     Business Checking Account  
    Savings Account

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

Bank Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

A VOIDED CHECK MUST ACCOMPANY THIS FORM (see sample attached).

I understand that CECON.com LLC will deposit the funds owed to me to the designated account by Electronic Transfer. I also understand that in the event funds to which I am not entitled are deposited in my account, CECON.com LLC will direct my Financial Institution to return the funds.

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

**RETURN THIS FORM TO THE ACCOUNTING DEPARTMENT:**

By Email: [BKKP@CECON.com](mailto:BKKP@CECON.com)

By Mail: CECON.com, LLC Greenville USPS Drawer 4322, Wilmington, DE 19807-8837

PLEASE KEEP A COPY FOR YOUR RECORDS

THOMAS B. ANDERSON  
MARY ANDERSON  
123 Mt. Pleasant Rd.  
Anytown, USA 12345

1001

SAMPLE

DATE \_\_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_

\$ \_\_\_\_\_

DOLLARS

UNION BANK OF CALIFORNIA

MEMO \_\_\_\_\_

⑆⑆⑆ 21000497⑆ ⑆⑆⑆ 234567890⑆ ⑆00⑆

1. Routing Number

2. Account Number

3. Check Number