

Special Service for Groups, Inc.

INDEPENDENT CONSULTANT

DIRECT DEPOSIT AUTHORIZATION

Submit original form to the Human Resources Department

<input type="checkbox"/> BEGIN DEPOSITS			<input type="checkbox"/> CHANGE INFORMATION			<input type="checkbox"/> END DEPOSITS		
Name: _____		_____		_____				
Last		First		Middle				
Division/Program Name:								
Banking Institution:								
Account Number:								
Checking _____								
I authorize Special Service for Groups (SSG) to initiate credits (and/or corrections to previous credits) to the financial institution designated above. This authorization will remain in effect until I give written notice to SSG either to change or terminate this authorization.								
Independent Consultant Signature:				Date:				
The numbers on the bottom of your check are used to make the electronic funds transfer of your payment check directly to your account.								
Deposit slips are not acceptable.								
Temporary checks are not acceptable.								
Independent Consultant's name must be printed on the check.								
ATTACH VOIDED CHECK FOR CHECKING ACCOUNT								
HERE								