

Lisscombe Solutions, LLC
3379 Peachtree Road, Suite 700, Atlanta, GA 30326

DIRECT DEPOSIT AUTHORIZATION FORM

Contractor Information

Name: _____
Address: _____
City, State, ZIP: _____
Phone Number: _____
Email: _____

Banking Information

(Attach a voided check or an official bank letter for verification.)

Bank Name: _____
Bank Address: _____
City, State, ZIP: _____
Routing Number (9 digits): _____
Account Number: _____
Account Type (Check one):
☐ Checking
☐ Savings

Authorization & Agreement

I hereby authorize **Lisscombe Solutions, LLC** to initiate **direct deposits** to my bank account listed above and, if necessary, to **correct any erroneous deposits** made to my account. I understand that:

1. It is my responsibility to **notify Lisscombe Solutions, LLC** immediately if my banking details change.
2. Lisscombe Solutions, LLC is **not responsible for delays** caused by incorrect banking information provided by me.
3. This authorization remains in effect until **I provide written notice of cancellation** or my contract ends with Lisscombe Solutions, LLC.
4. Any **incorrect deposits** made due to banking errors or contract termination may be **reversed or deducted** from future payments.

Signature & Certification

By signing below, I certify that the information provided is **true and accurate**, and I authorize direct deposit transactions as specified in this form.

Contractor Name: _____
Signature: _____
Date: _____

For Internal Use Only:

Processed By: _____
Date Received: _____