**AUTHORIZATION FOR DIRECT DEPOSIT**

I hereby authorize Gemini Tech Services LLC, (hereinafter “Company”), to deposit any amounts owed me by initiating credit entries into my account at the financial institution(s) indicated below. Further, I authorize the financial institution(s) to accept and to credit any such entries indicated by Company to

my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Name: (Please print)

Please check one: Employee

Social Security Number or Tax ID Number:

I would like to (*check one*): Begin Deposit Change Information

|  |  |
| --- | --- |
| Account: ⁯ Checking ⁯ Savings  |  Name of Financial Institution |
|  |  |
|  |
|  |  |
|   Routing Number  |   Account Number |
| I wish to deposit (*check one*): ⁯ $ .00 ⁯ $ %(Net) ⁯ Entire Net Pay   |
| \*Please attach a voided check for each account. Deposit slips are not valid. |

*I understand I am responsible for confirming my pay has been properly deposited each pay period. No transactions will be initiated against those funds until this confirmation has been made. Any Non-Sufficient Funds charges that occur are because I have failed to abide by this will be my responsibility.*

Employee/Contractor Signature Date