



Please complete and fax to (732) 909-2543

New Authorization    Change Account    Cancel Authorization

**DIRECT DEPOSIT AUTHORIZATION.**

I hereby authorize Infoway Software to initiate credit or debit entries to my account with the Financial Institution Indicated below. This authority is to remain in full force and effect until Infoway Software has received written notification from me.

**Select One:**    Checking Account    Savings Account

Financial Institution:

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


State \_\_\_\_\_ Zip \_\_\_\_\_

Routing/ABA # \_\_\_\_\_

Account # \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

Date \_\_\_\_\_ 

Employment begin date: \_\_\_\_\_

**Signed:** \_\_\_\_\_

Please attach a void check.