



# SequoiaSD

Part of the AssuranceSD family

## VENDOR DIRECT DEPOSIT AUTHORIZATION FORM

Vendor Name: \_\_\_\_\_

Last 4 Digits of SSN/Vendor EIN: \_\_\_\_\_ Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Financial Institution: \_\_\_\_\_

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

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

Remittance Email Address: \_\_\_\_\_

### Authorization for Set-Up

I hereby authorize SequoiaSD to deposit any amount owed to me for services rendered. SequoiaSD is not responsible for any erroneous information provided. Also, I grant SequoiaSD permission to correct and/or adjust any electronic funds transfer resulting from erroneous overpayment's by debiting my account. This authorization is to remain in full force and effect until SequoiaSD receives written notification from me to terminate the agreement.

Print Name of Authorized Signer: \_\_\_\_\_

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_