



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: ____ / ____ / ____