



1429 King Avenue, Suite 10 • Columbus, Ohio 43212
1221 Brickell Avenue, 9th Floor • Miami, Florida 33131
Phone: 800.515.9896 • Fax: 800.559.6402
mail@falconpaymasters.com • www.falconpaymasters.com

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

COMPANY NAME: FALCON ENTERPRISES, INC. dba FALCON PAYMASTERS

I HEREBY AUTHORIZE FALCON ENTERPRISES, INC. dba FALCON PAYMASTERS, hereinafter called **COMPANY**, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my: _____ Checking account or / _____ Savings account each pay period. I acknowledge that the origination of ACH transactions to my account must comply the provisions of U.S. Law.

I HEREBY AUTHORIZE FALCON ENTERPRISES, INC. dba FALCON PAYMASTERS to send my check advice by email if the email address is filled in on this Authorization Agreement.

(Please Print)

Depository/Financial Institution Name: _____

Financial Institution: City: _____ State: _____ Zip Code: _____

Financial Institution Routing/Transit Number: _____

Account Number at Financial Institution: _____

This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** a reasonable opportunity to act on it.

Name: _____

Email: _____

Signature: _____ Date: _____

Attach Voided Check or copy here

Please keep a copy of the Authorization for your records