



Direct Deposit Authorization Form

I authorize Advance Tutoring Solutions to deposit my pay automatically to the account indicated below and, if necessary, to adjust or reverse a deposit for any payment entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Advance Tutoring Solutions a reasonable opportunity to act on it.

Name on bank account: _____

Name of Bank: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Print Name: _____

Signature: _____ Date: _____