

Vendor ACH/Direct Deposit Authorization Form

Shameless Grounds, LLC dba Booti-Q

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account: Checking Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Shameless Grounds, LLC to electronically deposit payments to the bank account designated above. It is my responsibility to notify Shameless Grounds, LLC immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount I believe that I am due.

I understand that I must notify Shameless Grounds, LLC immediately of any changes in status or banking information.

I understand that this authorization will remain in full force and effect until Shameless Grounds, LLC receives notification requesting a change and has had reasonable opportunity to act on it.

Print Name: _____ Signature: _____ Date: _____

Important Information

Please return completed form via email to your Creator Liaison or to admin@booti-q.com

For Internal Use Only

Date Received

Reviewed and Entered: