# Authorization for Payment/Direct Deposit
# Pat Neff & Associates LLC

☐ **New** ☐ **Change**

**Inspector Name_____ Tax ID or SS# _____**

**I hereby authorize Pat Neff & Associates LLC hereinafter called Company, to initiate credit entries to my (our) checking/savings account indicated below and the depository, hereinafter called Depository, to credit the same to such account.**

**Bank**
**Name_____ Branch _____**

**City_____ State _____ ZIP_____**

**Transit/ ABA No._____ Account Number _____**

Account Type (check one): ☐ Checking ☐ Savings

**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_____ Tax ID or SS# Number_____**

**Date _____ Signed _____**

**Important** *In order to avoid any possibility of errors. please include a voided check along with the return of this form. Information will be kept strictly confidential.*

Please attach a voided check from your account here