



# Direct Deposit Authorization Form

Please print and complete ALL the information below.

## ACCOUNT HOLDER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## BANK ACCOUNT

Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Type of Account:     Checking     Savings    (Select One)

MOWUR TECHNOLOGIES LLC is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

**Authorized Account Holder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_