



**DIRECT DEPOSIT AUTHORIZATION**

CONTRACTOR'S NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

The undersigned hereby authorizes American Correctional Solutions and/or its authorized agents, to initiate credit/debit entries for payment of services, and if necessary, adjust credits/debits for entries made in error or entries requiring reversals due to returned items to the account of the undersigned. All such entries shall be made to the account indicated below and the financial depository institution below is hereby authorized to credit and /or debit the same to or from said account.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- SELECT TYPE OF ACCOUNT:
- Business Checking
  - Personal Checking
  - Business Savings
  - Personal Savings

ACCOUNT NUMBER \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

**PLEASE ATTACH YOUR VOIDED CHECK HERE. NO DEPOSIT SLIPS.**

Please do not provide voided checks that are more than one year old, bank routing numbers have changed.

This authorization is to remain in full force and effect until contractor has provided written authorization to ACS for its termination at such time and in such manner as to afford its agents and depository a reasonable opportunity to act on it. The contractor represents and warrants that it is authorized and herein and indemnified and holds ACS and its agents harmless from any damage, loss, or claim resulting from company's authorized actions hereunder.