



INNOVATIVE BUSINESS SOLUTIONS, INC.

SCHEDULE B1 – EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

COMPANY NAME	COMPANY TAX ID
COMPANY ADDRESS	

I hereby authorize the above listed “Company” and its payroll processor, Innovative Business Solutions, to deposit any amounts owed me by initiating credit entries to my account at the financial institution indicated below. Further, I authorize the Financial Institution to accept any debit entries indicated by “Company” or Innovative Business Solutions for erroneous amounts previously credited. I authorize “Company” or Innovative Business Solutions to debit my account for an amount not to exceed the original amount of the erroneous credit.

FINANCIAL INSTITUTION	FINANCIAL INSTITUTION ROUTING #
FINANCIAL INSTITUTION ADDRESS	
ACCOUNT #:	Check Box
Checking: _____ Amount \$ _____ Percent % _____ Entire Net Pay: <input type="checkbox"/> Effective Date: _____	
Savings: _____ Amount \$ _____ Percent % _____ Entire Net Pay: <input type="checkbox"/> Effective Date: _____	
PRENOTE: *Prenote (check one): Yes <input type="checkbox"/> No <input type="checkbox"/>	EXPIRATION DATE (IF DESIRED):
Prenoting a direct deposit allows the bank to verify the name on the account, account number and the status of the account. Prenoting is not required, but RECOMMENDED.	Begin Deposit <input type="checkbox"/> Change Info <input type="checkbox"/> Cancel <input type="checkbox"/>

This Authority is to remain in full force and effective until “company” has received written notification from me of its termination in such time and in such manner as to afford “company” reasonable opportunity to act on it.

Signature

Date

Please **PRINT** Full Name

PLEASE INCLUDE VOIDED CHECK
