



# Canebridge International Corporation

1394 Indian Trail-Lilburn Rd. Ste. 100, Norcross, Ga 30093

## Direct Deposit Authorization

I hereby authorize Canebridge International Corporation to deposit or make reversals into the account listed below. The authority remains in effect until I give written notification to terminate this authorization amount and reasonable amount of time has passed to act on this notice of termination of agreement.

### Contact Information

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

Employee Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Work Location \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

### Financial Institution Information-Required

Name of Institution: \_\_\_\_\_

Account Type:

Checking

Savings

Circle One

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

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

Please include a copy of a voided check or a letter from your financial institution with the account and routing numbers