



INNOVATIVE BUSINESS SOLUTIONS, INC.

SCHEDULE B1 - AUTHORIZATION FOR AUTOMATIC DEPOSITS

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 #:	
Checking: _____	Amount: _____ Entire Net Pay: _____ Effective Date: _____
Savings: _____	Amount: _____ Entire Net Pay: _____ Effective Date: _____
PRENOTE: *Prenote: ___ Yes ___ No 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.	EXPIRATION DATE (IF DESIRED): _____ Begin Deposit _____ Change Info _____ Cancel

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

Social Security Number

PLEASE INCLUDE VOIDED CHECK OR DEPOSIT SLIP HERE
