

Authorization for Direct Deposit

I authorize **GMG MANAGEMENT CONSULTING, INC.** to deposit my funds automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford **GMG MANAGEMENT CONSULTING, INC.** a reasonable opportunity to act on it.

Name of employee: _____

Name of bank: _____

Name on bank account: _____

Bank account number: _____ **Checking** ___ **Savings** ___

Bank routing number: _____

Important: *Please attach a voided check if available from your bank account to which funds should be deposited.*

Signature: _____ **Date:** _____