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ISO 9001:2015 Certified/NIST 800-171

DM PAYROLL SERVICES

UNIVERSAL AUTHORIZATION FORM FOR DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

Employer Name: iDEAL Technology Corporation

I hereby authorize my EMPLOYER (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries in error to my (our) account(s) listed below.

Financial Institution Name	Account Number	Transit/ABA Number*	Checking or Savings
_____	_____	_____	_____

Do you want net pay? Yes No If No, please list other amount _____

Financial Institution Name	Account	Transit/ABA Number*	Checking or Savings
_____	_____	_____	_____

Do you want net pay? Yes No If No, please list other amount _____

The authority is to remain in full force until EMPLOYER has received written notification from me (or either of us) of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name: _____ Social Security # (last four digits) _____

Date: _____ DM Employee #: _____

Signature: _____

* Nine-digit number that appears on the bottom of a check.

Please provide a voided check or a MICR Specification Sheet.

Your  source for:

Assembly Equipment – Check Fixtures - CNC Machining – Design & Engineering – Rapid Prototyping