



Direct Deposit Authorization

IMPORTANT: Voided check or typed bank verification with the account number, routing number and account holder's name must be attached for processing.

Attendant Name: _____

Consumer Name: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account: Checking Savings

I hereby authorize iLIFE to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my bank account at the financial institution noted above.

This authorization is to remain in full force and affect until iLIFE receives written notice from me of its termination, in such time and manner as to allow iLIFE and the financial institution a reasonable opportunity to act on it.

Attendant Signature: _____ Date: _____