



OTM Software Professionals Electronic Funds Transfer Authorization

I hereby authorize my employer, OTM Software Professionals, to directly deposit my pay in the bank account listed below. This authorization is to remain in force until the company receives written authorization from me of its termination or change. Also, I grant OTM Software Professionals the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

I have attached a voided check or deposit slip for my account.

Name: _____

Address: _____

Telephone: _____ Cell: _____

Signature: _____ Date: _____

Company Use Only: Effective Date _____

Account Information

Checking _____ Savings _____ (Check only one)

Financial Institution: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone: _____

Personal Account Number: _____

Company Use Only: Bank/ABA Number _____