



Insurance Claims Adjusters
11405 N. Community House Rd., Suite 400
Charlotte, NC 28277
Phone 877-807-9669
Fax 877 807-9670

Direct Deposit Authorization for Independent Contractors

Name / Company Name:

Financial Institution

Bank Name:

Street Address:

City, State, and Zip Code:

Bank Account Information

- Checking (attach voided check)
- Savings (attach deposit slip)

Account Number:

Routing Number (ABA):

I hereby authorize ICA, LP to send my payroll electronically to the account specified above. I also grant ICA, LP the right to correct any erroneous overpayments issued to me by debiting my account. I have attached a voided personal check (checking account) or deposit slip (savings account). This authorizes the financial institution holding the account to post all such entries. This authorization form will remain effective until ICA, LP receives a written termination notice from me and has a reasonable amount of time to act upon it.

Signature:

Printed Name:

Date: