



120 W Park, Ste 201
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DIRECT DEPOSIT AUTHORIZATION FORM
(ACH CREDITS)

COMPANY NAME MAXIM 4000, LLC

ID NUMBER _____ (Office Use)

I (we) hereby authorize MAXIM 4000, LLC, hereinafter called COMPANY, and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to reverse an entry made in error). This authority will remain in effect until I give written notice to the company.

Account Type: () Checking Account No. _____ () Savings account No. _____

FINANCIAL INSTITUTION _____ NAME _____

LOCATION (BRANCH) _____ ID NUMBER _____

CITY _____ STATE _____ SIGNATURE _____

ROUTING NUMBER _____

ACCOUNT NO. _____

This authorization is to remain in full force and effect until MAXIM 4000, LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (please print) _____

Signature _____

Date _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

[PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM.](#)