



Direct Deposit Authorization Form

I hereby authorize **Intecelle, Inc.** to send credit entries, as well as make adjustments and debit entries, as appropriate, to the account(s) indicated below:

Account #1:

Account type (select one) Checking___ Savings___

Name of Financial Institution: _____

Financial Institution Address: _____

Bank Routing Number/ABA Number: _____

Account Number: _____

Percentage to Be Deposited Into This Account: _____

**ATTACH IMAGE
OF VOIDED CHECK OR DEPOSIT SLIP**

Account #2:

Account type (select one) Checking___ Savings___

Name of Financial Institution: _____

Financial Institution Address: _____

Bank Routing Number/ABA Number: _____

Account Number: _____

Percentage to Be Deposited Into This Account: _____

**ATTACH IMAGE
OF VOIDED CHECK OR DEPOSIT SLIP**

Direct Deposit Fees:

Employees: **\$0.50**

Independent Contractors/Vendors: **\$1.75**

(Signature)

(Date)

(Printed Name)

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