

DIRECT DEPOSIT

Receiver Authorization Form

I, _____ (full name)

hereby authorize **Foreign Language Specialists, Inc.** (“the Company”) to initiate credit entries/deposit payment.

This authorization remains in effect until the Company receives from me notification to terminate the authorization in writing or the Company discontinues this service.

Name of the Account (Your name or your company’s name as it is on your Bank account)			
Name of Financial Institution (The Name of your bank, credit union, or other financial institution).			
Checking or Savings (mark on the right which one you have).	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings
Bank Routing Number (9-digit number on the bottom of your check)-see instruction.			
Bank Account Number (a number on the bottom of your check)-see instruction.			

Account Holder Signature _____

Date _____

 Email address for payment notifications

For the Company to verify bank account and routing numbers, contractor must attach a **VOIDED CHECK**. The Company and contractor should retain completed copies of this form for their records.

Please send this form via:

1. email: Translate@FLSincorp.net
2. fax: 206-267-9115
- or
3. Mailing address:
 FLS / Olga Afonin
 397 12th Ave NW, Issaquah, WA 98027