

**DIRECT DEPOSIT
Receiver Authorization Form**

I, _____ (full name)

hereby authorize **Foreign Language Specialists, Inc.** (“the Company”) to initiate credit entries/deposit payment and to initiate, if necessary, reversals for any credit entries made in error to the bank account(s) listed below.

I further authorize the financial institution(s) named below to credit and/or debit such account(s).

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

Joint Account Holder Signature (if any) 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 mail or fax this form to: Foreign Language Specialists, Inc.
 390 E Sunset Way
 Issaquah, WA 98027-3441
 Fax: 206-267-9115