



SPECTRUM

CPA Partners, LLC

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www.spectrumcpa.com • 620-792-5378

DIRECT DEPOSIT Authorization

I hereby authorize **Spectrum CPA Partners LLC** and the financial institution listed below to deposit my pay automatically into my checking account each payday. Adjusting entries to correct errors are also authorized. This authorization is to remain in full force and effect until **Spectrum CPA Partners LLC** has received written notification from me of its termination in such time and manner as to afford **Spectrum CPA Partners LLC** and the financial institution a reasonable opportunity to act on it.

Please print and complete form and provide a signed copy to your employer. Please attach a voided check.

NAME (please print) _____

Email Address (will receive a login & password to view paystubs) _____

Social Security # _____ Date Submitted _____

BANK ACCOUNT # 1 INFORMATION ☐ Checking ☐ Savings

Name of Bank _____

Routing # _____ Account # _____

Amount Deposited (select one) ☐ Net ☐ Specified amount _____

BANK ACCOUNT # 2 INFORMATION ☐ Checking ☐ Savings

Name of Bank _____

Routing # _____ Account # _____

Amount Deposited (select one) ☐ Net ☐ Specified amount _____

SIGNATURE _____ DATE _____