



Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize Scoggins International, Inc. to initiate automatic deposits to my account at the bank named below. I agree not to hold Scoggins International, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my bank or due to an error on the part of my bank in depositing funds to my account.

This agreement will remain in effect until Scoggins International, Inc. receives a written notice of cancellation from me or my bank, or until I submit a new direct deposit form to the Accounting Department.

Bank Account Information

Name of the Bank: _____

Name of Account Holder: _____

Routing Number: _____

Account Number: _____

Account Type: Checking

(Check one) Savings

Signature

Name

Email

Signature

Date