



DIRECT DEPOSIT SET-UP FORM

INDEPENDENT CONTRACTOR INFORMATION

Independent Contractor Name (name on your account)

Address

City

State

Zip

ACCOUNT INFORMATION

Name of Banking Institution

Account Number

Routing Number

Deposit To: ___ checking ___ savings (check one)

INDEPENDENT CONTRACTOR AGREEMENT

I authorize Mile High Adjusters, LLC to automatically deposit my contractor compensation check into my account, listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Independent Contractor

Date