



Direct Deposit Authorization

ALL employees and Drivers/Owners need to fill out this form.

This document must be signed by person receiving automatic deposit. A voided check must be attached to verify account and bank routing numbers.

Account: Type (circle one) Checking Savings

Bank Name: _____

Bank RTN (ABA number): _____ . Account Number: _____

Attach a voided check here

Authorization

This authorizes FR2, LLC dba Jackson Motorplex to send deposits electronically or by any other commercially accepted method, to my account indicated above. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. law. This authorization will be in effect until Jackson Motorplex receives a written notice from myself of change or cancelation and has a reasonable opportunity to act on it.

Authorized Signature: _____

Print Name: _____ Date: _____