



ICon Professional Services

Tel: (650) 378-4150 • Fax: (650) 378-4157
1065 E. Hillsdale Blvd #300 • Foster City CA 94404

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize ICon to initiate credits (and/or corrections to the previous credits) to the institutions below. The institutions are authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford the institution a reasonable opportunity to act on it.

First Name	Last Name
PRIMARY ACCOUNT INFORMATION	
Financial Institution (Bank, Savings & Loan, Credit Union)	Type of Account
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>
Address	Financial Routing Number
City, State, Zip Code	Account Number
Phone Number	Amount to be Deposited
	\$
SECONDARY ACCOUNT	
Financial Institution (Bank, Savings & Loan, Credit Union)	Type of Account
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>
Address	Financial Routing Number
City, State, Zip Code	Account Number
Phone Number	Amount to be Deposited
	\$

NOTE: Please attach a voided check. Deposit slips are not accepted by the bank. Your initial direct deposit will take one pay cycle to begin.

I will notify ICon in writing to cancel my authorization. I understand that should I terminate from ICon, my authorization will automatically be revoked.

Signature of Applicant/Payrolled Contractor

Date

ICon also offers ADP iPayStatements, which enable you to view your pay statements online. With this signature, I agree to accept iPayStatements and would like ICon to forward me registration information for ADP's secure online application.

Signature of Applicant/Payrolled Contractor

Date