



## Direct Deposit Authorization Form

IGC Protection Inc.

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**NAME:** .....

**ADDRESS:** .....

**CITY, STATE, ZIP:** .....

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**NAME OF BANK:** .....

**9-DIGIT ROUTING #:** .....

**ACCOUNT #:** .....

**Type of Account:**     **Checking**         **Savings**

I hereby authorize **IGC Protection Inc.** to deduct from my paycheck the noted amount each pay period and to initiate adjustments if necessary for any entries made in error. Any changes must be in writing on the Direct Deposit Authorization form. I understand that it may take up to 30 days before my deposit request is initiated.

**Signature:**

**Date:**

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The following amounts will be deducted from paycheck each pay period: \$1.00 for bank fee.