

DIRECT DEPOSIT AUTHORIZATION FORM

New Authorization

Payer Information:

Name : Italante, Inc.
Address: 3920 Grand Ave Unit A
Chino
California 91710

Phone Number: (909) 590-5454
Fax Number: _____

Payee Information:

Name : _____
Address: _____

Phone Numbers:
Home: _____
Work: _____
SSN: _____ - _____ - _____
Identification Number: _____

Financial Institution:

Name : _____
Address: _____, _____, _____,

Phone Number: _____
Fax Number: _____
Bank Routing Number: _____
Account Number: _____
Type of Account: _____
Amount to Deposit: 100%

Attachments: Attached to this Authorization is a cancelled check for my account.

I authorize Italante, Inc. to deposit all payments due to me in the account(s) named herein. I further authorize Italante, Inc. the authority to make debits or take other corrective actions, if necessary, in relation to any deposit made by Italante, Inc. into the account(s).

Signed: _____

Dated: _____