

INTERNATIONAL INSTITUTE OF COSMETOLOGY

DIRECT DEPOSIT AUTHORIZATION FORM

I authorize the International Institute of Cosmetology, LLC to have my pay deposited directly to the bank account(s) I have indicated below. In case of an accidental overpayment, I authorize International Institute of Cosmetology, LLC to withdraw, from my account, any money that is not due me.

BANK INFORMATION

1) Bank Name: _____

Checking or Savings? _____

Amount to be deposited (If entire pay, write "All"): _____

Bank's Routing #: _____

Account number: _____

2) Bank Name: _____

Checking or Savings? _____

Amount to be deposited (If entire pay, write "All"): _____

Bank's Routing #: _____

Account number: _____

Signature

Date

Print Name

INTERNATIONAL INSTITUTE OF COSMETOLOGY

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