Authorization for Direct Deposit

Cyrca, Inc.

Provider Information *Please print legibly. Required fields indicated with an '*'* ☐ New Authorization ☐ Updated Authorization

* Provider Name		
* Contact Name		
TIN / Company ID	* Contact Phone Number -	Alternate Contact Number -
* Financial Institution Name		
* Account Number		* Routing and Transit Number

Direct Deposit Authorization

I authorize Cyrca, Inc. (the "Company") to initiate credit entries to the account at the financial institution listed above until further notice from me, *<optional>and if necessary, debit entries and adjustments for any credit entries made in error.</optional>* I understand that the authorization may be rejected or discontinued by the Company at any time. If any of the above information changes, I will promptly complete a new authorization agreement with the updated information. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to the Company for distribution. This will delay your payment.

X_____

Signature Date

Please attach a copy of a voided check from the account listed above