

**SANTEE COOPER**  
**Direct Deposit Authorization**

I hereby authorize Innovative Partners, Inc. to directly deposit my payroll into the following account:

**Employee Name:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account Type:**      \_\_\_\_\_ **Checking**      \_\_\_\_\_ **Savings** (Check one only)

**PLEASE NOTE: IF THE NUMBERS ENTERED ABOVE ARE INCORRECT,  
INNOVATIVE PARTNER'S CANNOT BE RESPONSIBLE FOR  
DELAYS IN SENDING PAYMENT**

**\*\*INNOVATIVE PARTNERS, RESERVES THE RIGHT TO PAY  
YOUR FINAL COMPENSATION BY CHECK \*\***

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**FOR CHECKING ACCOUNTS: PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION  
OF ACCOUNT INFORMATION**

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**FOR SAVINGS ACCOUNTS: PLEASE ATTACH A FORM FROM YOUR BANK  
FOR VERIFICATION OF ACCOUNT INFORMATION**

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**VOIDED CHECK PLACED HERE**

\_\_\_\_\_  
**Received By:**

\_\_\_\_\_  
**Processed By:**

\_\_\_\_\_  
**Date**