

★ ★ ★ ★  
**THE RIGHT**



★ ★ ★ ★  
**KNIGHT**

### Direct Deposit Authorization

By completing this form, you consent for G2 Executive Protection Services to deposit your wages, minus applicable taxes, directly into your bank account on a bi-weekly. This form is not valid without the signature of the accountholder.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone Date (MM/DD/YY)

\_\_\_\_\_  
Signature

### Banking Information

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

Routing Number: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

