
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Up Wee Grow, Inc. is pleased to offer direct deposit of provider payments to the bank(s) and account(s) of your choice.

To arrange for direct deposit:

- Complete the Provider portion of this form and fax it to (516) 977-1679 or email to lisa@upweegrow.com.
- Attach a voided personal check and/or personalized deposit slip to this form to verify your account number and bank routing number.

****NOTIFY UWG BILLING DEPARTMENT IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNT****

TO BE COMPLETED BY PROVIDER

I hereby authorize Up Wee Grow, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____
(Please print your name as it appears on your account)

_____-_____-_____
(Social Security #)

Corporate Name: _____
(Please print your corporate name as it appears on your account)

(Tax ID Number)

Bank Information:

ACCOUNT TYPE: Checking Savings

BANK: _____ BANK ROUTING #: _____ ACCOUNT #: _____

PROVIDER SIGNATURE: _____

DATE: _____

The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.