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DIRECT DEPOSIT  
AUTHORIZATION FORM

Transaction Type  New Setup  Change

Social Security #/Tax ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Bank or Credit Union \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Routing Transit Number \_\_\_\_\_

Type of Account:  Checking  Saving

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

I hereby authorize **Fora Lighting LLC** to deposit by Electronic Transfer payments owed to me by **Fora Lighting LLC** and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. **Fora Lighting LLC** shall deposit the payments in the Financial Institution and account designated above. I recognized that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Please attach a voided check or a photocopy of a canceled check.

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