



Direct Deposit Authorization for Vendors

I authorize Shore Legal Access, Inc. to deposit my vendor payment into the account indicated below. This authorization will remain in effect until I cancel it in writing and with such time as to afford Shore Legal Access, Inc. to act on it.

Vendor Signature, Title

Date

Vendor Name:

Street Address:

City, State, Zip:

Contact Name and Title:

Email Address:

Phone Number:

Financial Institution Name:

Routing Number:

Account Number:

Checking or Savings