



## ACH DIRECT DEPOSIT AUTHORIZATION FORM (CREDITS)

**GTTSi**  
ORIGINATING COMPANY NAME

**01-0888733**  
COMPANY TAX ID NUMBER

I hereby authorize Global Technical Training Services, Inc. (GTTSi) hereinafter called COMPANY, to initiate credit entries or adjust such entries (*ONLY when necessary for corrections*), to my Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit (or debit) the same to such account.

**DEPOSITORY NAME:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

\_\_\_\_\_  
**BANK NAME/BRANCH**

\_\_\_\_\_  
**BANK TRANSIT/ABA #**

\_\_\_\_\_  
**ACCOUNT #**

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

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

### INSTRUCTIONS

1. Fill in all the blanks; sign and date this form.
2. Provide a **voided check** from the account you filled in above. Make sure you write VOIDED across the check without covering up the Bank Transit / ABA Number and Account Number.
3. Scan and send form along with the **voided check** to [sid.crouch@gtsi.com](mailto:sid.crouch@gtsi.com) or fax the form along with the **voided check** to the GTTSi Satellite Office (843-339-9528) or MAIL form and **voided check** to GTTSi, P.O. Box 307, Hartsville, S.C. 29550-0307