



DOUBLES PROTECTIVE SERVICES LLC

CONTRACTOR ACH PAYMENT AUTHORIZATION

For 1099 independent contractors and approved contractor businesses

1. CONTRACTOR / PAYEE INFORMATION

2. BANK ACCOUNT INFORMATION

3. AUTHORIZATION

ACH Credit Authorization. I authorize Doubles Protective Services LLC to initiate ACH credit entries through its Vectra Bank account or approved processor to the account identified above for amounts owed to me or my business under the applicable independent contractor agreement and accepted assignments.

Corrections and Reversals. If Company deposits an erroneous amount, I authorize a correcting or reversing entry that does not exceed the erroneous credit, after notice when reasonably practicable and to the extent permitted by law and applicable banking rules.

Duration and Changes. This authorization remains effective until Company receives written revocation or replacement instructions through the secure accounting process and has a reasonable opportunity, ordinarily at least ten (10) business days, to act. Revocation changes the payment method and does not cancel amounts already owed.

Accuracy. I certify that I am authorized to use the account and that all information is complete and accurate. I will promptly notify accountant@doublesprotectiveservices.com through the secure process if the account is closed, frozen, compromised, or changed.

4. ATTACHMENT AND ACKNOWLEDGMENT

- ☐ A voided check, bank letter, or official direct-deposit form is attached.
- ☐ The payee name is consistent with the Form W-9 or supporting documentation is attached.
- ☐ I understand that bank holidays, network outages, legal holds, incorrect information, or a receiving-bank delay may affect deposit timing.
- ☐ I understand that a completed form contains confidential information and must not be posted publicly or shared through an unapproved channel.

5. ACCOUNTING OFFICE USE ONLY

CONFIDENTIAL BANKING INFORMATION

Send this completed form and supporting bank document only through the secure accounting process associated with accountant@doublesprotectiveservices.com. Do not post a completed copy publicly or send complete bank information through Connecteam, group chat, or unsecured text message.

PAYEE IDENTIFICATION

Contractor legal name	
Business / DBA	
Taxpayer / payee name on Form W-9	
Mailing address	



Email	
Telephone	
Effective date requested	
ACH PAYMENT INFORMATION - CONFIDENTIAL	
Account holder name	
Financial institution	
Routing number	
Account number	
Account type	☐ Checking ☐ Savings ☐ Business ☐ Personal
Verification attached	☐ Voided check ☐ Bank letter / direct-deposit form
Prior account being replaced	☐ No ☐ Yes - last four digits:
CONTRACTOR / AUTHORIZED PAYEE SIGNATURE	
CONTRACTOR	
Signature:	Date:
Printed name:	Title / capacity:
Business/DBA:	Telephone:
Email:	Last four of account:
Connecteam account:	QuickBooks vendor:
ACCOUNTING VERIFICATION	
W-9 reviewed	☐ Yes Date/initials:
Identity / authority verified	☐ Yes Date/initials:
Bank document reviewed	☐ Yes Date/initials:
QuickBooks vendor record	☐ Created ☐ Updated Date:
ACH status	☐ Pending ☐ Verified ☐ Returned
Notes / restrictions	
Reviewed by	Name/title: Date: