

**Three Sisters Group LLC d/b/a TOUS les JOURS**

4243 John Marr Dr, Annandale, VA 22003

**AUTHORIZATION FOR DIRECT DEPOSIT - EMPLOYEE FORM**

<b>EMPLOYEE INFORMATION</b>	
EMPLOYEE NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
PHONE NUMBER	
EMAIL	

<b>ACCOUNT INFORMATION</b>	
BANK NAME	
ROUTING NUMBER (9 DIGITS)	
ACCOUNT NUMBER	
ACCOUNT TYPE	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I, \_\_\_\_\_, authorize Three Sisters Group LLC (d/b/a TOUS les JOURS) to initiate credit entries to the account indicated above for the purpose of expenses and/or payroll. I also authorize Three Sisters Group LLC (d/b/a TOUS les JOURS) to initiate, if necessary, debit entries and adjustments for any credit entries made in error. This authorization is to remain in force until Three Sisters Group LLC (d/b/a TOUS les JOURS) has received written authorization from me of its termination or change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date