



C2G Capital Management LLC

101 Owens Circle ♦ Summerville, SC 29483

Tel: 843-879-0941 ♦ fax: 843-879-0945

www.C2G.net

Email: admin@c2g.net



Employee Direct Deposit Authorization

Employee Name: _____

Address: _____

Financial Institution Information:

I authorize _____ to deposit all payments due me in the account named herein. I further authorize _____ the authority to make debits or take other corrective actions, if necessary, in relation to any deposit made by C2G Capital Management, LLC into said account.

Bank Routing Number: _____

Account Number: _____

Type of Account: _____

*Please attach voided check or deposit slip for savings accounts

Employee Signature

Date