



800.433.1159 Main
800.835.0338 Fax
MSS1.com

**MSS DIRECT
DEPOSIT PROGRAM**

MSS Sub ID#: _____

Contractor Name: _____
(This name should be the same as it appears on your account)

Contractor City, State: _____

Contractor Bank Name: _____

Bank City, State: _____

Bank ABA Routing #: _____

Bank Account #: _____

Other Transfer Instructions: _____

Email Address(es) for Payment Remittance: _____

Check one of the following:

ACH: *(Please attach a copy of your voided check)*

Wire Transfer: *(Please attach the wiring instructions from your financial institution)*

Please note: Incorrect information may result in additional bank fees.

I understand by choosing the ACH or Wire Transfer box above that MSS will deduct \$1.50 or \$9.00, respectively, for each money transfer completed (Note: Canadian fees may vary). All deposited money is guaranteed by MSS for Friday delivery and usage, otherwise the transaction fee will be returned.

Signature: _____

Depending on which payment method you choose, please verify all numbers with your financial institution.

Completed forms can be emailed to KristineD@mss1.com or faxed to 215.393.3566