Company Name: _____

Name: _____
Street Address: _____
City, State: _____
ZIP Code: _____
Phone: _____
E-mail: _____

DIRECT DEPOSIT INVOICE

Invoice # _____ Date: _____

Client / Customer
Name: _____
Street Address: _____
City, State: _____
ZIP Code: _____

Description	Amount ($)

Direct Deposit Information

Name of Bank: _____
Account #: _____
9-Digit Routing #: _____
Amount: _____
Type of Account: _____

SUBTOTAL	
DISCOUNT	
TAX	
TOTAL	

Comments or Special Instructions:

_____

Payment is due within ____ days.

Thank you for your business!

Invoice Templates