

# ICE Tanning Makeup & Hair 2026

## Independent Contractor Compensation Enrollment Form

Please complete this form to enroll in Electronic Funds Transfer (EFT) for your compensation or to opt out and receive a paper check.

### Contractor Information

Item	Details
Name	<input type="text" value="Person"/>
Date	<input type="text" value="Date"/>

### Compensation Preference

Please select (X) your preferred method of receiving compensation:

**Enroll in Electronic Funds Transfer (EFT):** Compensation will be directly deposited into your specified bank account.

**Opt Out / Paper Check:** I choose to opt out of EFT and receive a paper check mailed to my address on file. Please make check payable to \_\_\_\_\_.

### Electronic Funds Transfer (EFT) Information

Complete this section **ONLY** if you are enrolling in EFT.

Bank Details	Information
Bank Institution Name	<input type="text"/>
Routing Number	<input type="text"/>
Account Number	<input type="text"/>

## Bank Account Type

Please select (X) the account type for your bank account:

Account Usage	Account Type
Personal	Checking
Business	Savings

## Processing Fee Acknowledgment

By selecting EFT, I acknowledge and agree that a processing fee of **\$3.50** will be deducted from each payment before the funds are transferred to my bank account.

**Signature:**

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(Signature)

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(Printed Name)

**Date:**

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