

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

<p>Last Name</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Social Security Number</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Action</p> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">New</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Change</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Cancel</div> </div> <p>Name of Financial Institution</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Account Number</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Routing Transit Number</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>First Name</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Work Phone</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Effective Date</p> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Month</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Day</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Year</div> </div> <p>Type of Account</p> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Checking</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Savings</div> </div> <p>Ownership of Account</p> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Self</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Joint</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Other</div> </div>
--	--

By signing this agreement, I authorize _____ to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize _____ to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.

TIP

Call your financial institution to make sure they will accept direct deposits.

TIP

Verify your account number and routing transit number with your financial institution

TIP

Do not use a deposit slip to verify the routing number.

Routing Transit Number Account Number For "1250000005":1234556789022"

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.