

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name First Name MI

Social Security Number - - Work Phone - -

Action Effective Date
New Change Cancel Month Day Year

Name of Financial Institution

Account Number (Include hyphens but omit spaces and special symbols.) Type of Account
Checking Savings

Routing Transit Number (All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.) Ownership of Account
Self Joint Other

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

JOHN PUBLIC		1234
123 Main Street		_____ 19
Your Town, FL 12345		\$ <input type="text"/>
PAY TO THE ORDER OF	<u>Your Town Bank</u> DOLLARS	
Your Town, FL 12345		For _____
<input type="text"/>		
* 250000005 * 123456789022 II *		

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