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DIRECT DEPOSIT AUTHORIZATION FORM

Please print and complete ALL the information below:

I hereby_____ to send credit entries, as well as appropriate debit and adjustment entries, to my account indicated below. These deposits may be made electronically or by any other commercially accepted method.

Personal Information:

First Name: _____ **Last Name:** _____

Address: _____**City:** _____ **State:** _____ **Zip Code:** _____

Financial institution Information:

Name of the Bank: _____

Account Name: _____

9 Digits Routing: _____ **Account Number:**_____

Amount: ☐ **$**_____ ☐ _____**% or** ☐ **Entire Paycheck**

Type of Account: ☐ **Checking** ☐ **Saving**

(attach a voided check for each bank account to which funds should be deposited for necessary)

I _____ this authorization will remain in effect until revoked by me in writing.

Signature: _____

Date: _____