

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form. Last Name First Name ΜI Social Security Number Work Phone Action Effective Date Month Name of Financial Institution (Include hyphens but omit spaces and special symbols.) Account Number Type of Account Checking Routing Transit Number Ownership of Account (All 9boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.) .loint 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. 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 _ **HOW TO COMPLETE THIS FORM** 1. Fill in all boxes above. Sign and date the form. Call your financial institution to 1234 JOHN PUBLIC make sure they will accept direct deposits. 123 Main Street Your Town, FL 12345 Verify your account number and PAY TO THE routing transit number with your financial institution **DOLLARS** Your Town Bank Do not use a deposit slip to verify Your Town, FL 12345 the routing number. For Routing Transit Number ·(250000005)·: 1(234556789022)^{||} Account

Number