

Direct Deposit Authorization

I hereby authorize the Company to initiate credit entries and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my checking and/or savings account indicated below, and the depository named below, hereafter called "Depository", to credit and/or debit the same to such account. I also agree to the terms of the "Direct Deposit Fee Schedule". This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on the request. To ensure an expedient process for Direct Deposit, *please call your bank and verify the information provided on this form.*

Applicant Name: _____

Company: _____ Social Security #: _____

Applicant Signature: _____

Account #1

Account #2

Depository Name: _____

Depository Name: _____

Branch: _____

Branch: _____

City / State / Zip: _____

City / State / Zip: _____

Phone: _____

Phone: _____

Routing Number: _____

Routing Number: _____

Account Number: _____

Account Number: _____

Checking: ___ Saving: ___ Bank Card: ___

Checking: ___ Saving: ___ Bank Card: ___

Deposit Amount: \$ _____ % _____

Deposit Amount: \$ _____ % _____

WE MUST HAVE A VOIDED CHECK OR DIRECT DEPOSIT FORM FROM YOUR BANK

If you would like a copy of your check securely emailed to you, please list an email address below:

My email address is: _____