

**AUTHORIZATION FOR  
AUTOMATIC (DIRECT) DEPOSIT**

COMPANY NAME \_\_\_\_\_ COMPANY ID# \_\_\_\_\_

I/We authorize the COMPANY (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

DEPOSITORY NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ( See attached voided check/draft or deposit slip)

ACCOUNT NUMBER: \_\_\_\_\_  CHECKING  SAVINGS

\_\_\_\_\_

New Authorization  Change to Previous  Termination

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print or Type): \_\_\_\_\_

ID # \_\_\_\_\_

\_\_\_\_\_  
(Signature) (date) (Signature) (date)

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Please attach a **VOIDED check** here. We must have a voided check, a deposit slip will not provide the correct information. Please give us a contact e-mail address, for electronic notification:  
{ \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_ }

Thank you.