

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize _____ (*company name*) 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

Name: _____

Address: _____

City _____, State _____, Zip Code _____.

Social Security #: _____

Financial Institution Information

Name: _____

Branch: _____

Address: _____

City _____, State _____, Zip Code _____.

Transit #: _____

Account #: _____

Type of account: Checking account Savings account

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

This authorization will remain in effect until revoked by me in writing.

_____ *Name*

_____ *Signature*

_____ *Date*