

# 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*