

Direct Deposit Authorization

CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT – ACH CREDIT

COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____

I authorize _____ to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the financial institution(s) named below.

Financial Institution (1)

Name _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____ Amount* _____ Checking Savings

Account Number _____ Amount* _____ Checking Savings

Financial Institution (2)

Name _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____ Amount* _____ Checking Savings

Account Number _____ Amount* _____ Checking Savings

***In Amount field, enter NET for full paycheck or remaining balance after other account deposits.**

This authority is to remain in full force and effect until I notify _____ by phone or in writing at least three (3) days prior to the effective date of the transaction.

ATTACH VOIDED CHECK

Account Owner Name _____

Account Owner Signature _____ Date _____

This form is illustrative only and is not intended to provide legal advice.