

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name	First Name MI
Social Security Number — — — — — — — — — — — — — — — — — — —	Work Phone
Action Effective Date New Change Cancel Month Day Year	
Name of Financial Institution	
Account Number (Include hyphens but omit spaces and special symbols.)	Type of Account Checking Savings
Routing Transit Number (All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)	Ownership of Account Self Solf So
By signing this agreement, I authorize to initiate credit entries I also authorize to initiate, if necessary, debit en	to the account indicated above for the purpose of expense and/or payroll. ntries and adjustments for any credit entries made in error.
Signature	Date
If the account is a joint account or in someone else's name, that individual must also agree	to the terms stated above by signing below.
Signature	Date
HOW TO COMPLETE	THE FORM

HOW TO COMPLETE THIS FORM

- 1. Fill in all boxes above.
- 2. Sign and date the form.

Call your financial institution to	IOLINI BUBUIO		1234
(TIP) make sure they will accept direct	JOHN PUBLIC	40	1254
deposits.	123 Main Street	19	
	Your Town, FL 12345		
Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF	\$[
	Your Town Bank		DOLLARS
(TIP) Do not use a deposit slip to verify the routing number.	Your Town, FL 12345		DOLLANO
	For		
Routing Transit Number Account Number	·(250000005): 1(234556789022)		

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.