

DIRECT DEPOSIT AUTHORIZATION

BANK NAME: _____

BANK BRANCH PHONE NUMBER: _____

PRINT YOUR NAME: _____

ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

ACCOUNT TYPE CHECKING SAVINGS

AUTHORIZED SIGNATURE: _____

DATE: _____

SOCIAL SECURITY NUMBER: _____

Attached to this authorization is a voided personal check for verification of all checking account information.