

## DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

<p><b>Last Name</b></p> <input style="width: 100%; height: 20px;" type="text"/>	<p><b>First Name</b></p> <input style="width: 100%; height: 20px;" type="text"/>	<p><b>MI</b></p> <input style="width: 30px; height: 20px;" type="text"/>
<p><b>Social Security Number</b></p> <input style="width: 100%; height: 20px;" type="text"/>	<p><b>Work Phone</b></p> <input style="width: 100%; height: 20px;" type="text"/>	
<p><b>Action</b></p> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Cancel</b>	<p><b>Effective Date</b></p> <input type="checkbox"/> <input type="checkbox"/> <b>Month</b> <input type="checkbox"/> <input type="checkbox"/> <b>Day</b> <input type="checkbox"/> <input type="checkbox"/> <b>Year</b>	
<p><b>Name of Financial Institution</b></p> <input style="width: 100%; height: 20px;" type="text"/>		
<p><b>Account Number</b></p> <input style="width: 100%; height: 20px;" type="text"/>	<p><small>(Include hyphens but omit spaces and special symbols.)</small></p>	
<p><b>Routing Transit Number</b></p> <input style="width: 100%; height: 20px;" type="text"/>	<p><small>(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)</small></p>	
<p><b>Ownership of Account</b></p> <input type="checkbox"/> <b>Self</b> <input type="checkbox"/> <b>Joint</b> <input type="checkbox"/> <b>Other</b>	<p><b>Type of Account</b></p> <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>	

By signing this agreement, I authorize \_\_\_\_\_ to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize \_\_\_\_\_ to initiate, if necessary, debit entries 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 THIS FORM

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



**Call your financial institution to make sure they will accept direct deposits.**



**Verify your account number and routing transit number with your financial institution**



**Do not use a deposit slip to verify the routing number.**

Routing Transit Number

Account Number

JOHN PUBLIC 123 Main Street Your Town, FL 12345	_____ 19_____ _____ \$ _____ _____ DOLLARS
PAY TO THE ORDER OF _____	
Your Town Bank Your Town, FL 12345	
For _____	
•25000005• 123456789022•	

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