

More than 25 Years of Experience

Last Name		First Name		MI
Social Security Number		Work Phone		
Action E	ffective Date Month Day Year			
Name of Financial Institution				
Account Number (In	clude 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 Sell Joint	Other	
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	THE CONTRACT OF SECTION AND SECTION ASSESSMENT OF SECTION ASSESSME		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				
 Fill in all boxes above. Sign and date the form. 				
Call your financial institution to make sure they will accept direct deposits.	JOHN PUBLIC 123 Main Street Your Town, FL 12345		19	1234
Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF		\$	
Do not use a deposit slip to verify the routing number.	Your Town Bank Your Town, FL 12345			OOLLARS
Routing Transit Number Account	1 (250000005): 1(234556789022)	•		

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