

# Direct Deposit Authorization

Would you like to enroll in Direct Deposit?  Yes  No

Would you like a cash card instead of Direct Deposit?  Yes  No

I authorize \_\_\_\_\_ to send credit entries, as well as appropriate adjustments and debit entries, to my/our accounts as indicated below.

## **Account #1**

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Institution Name: \_\_\_\_\_

Bank Routing #/ ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

Percentage to be deposited into this account: \_\_\_\_\_

## **Account #2**

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Institution Name: \_\_\_\_\_

Bank Routing #/ ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

Percentage to be deposited into this account: \_\_\_\_\_

**Please attach a voided check for each account here**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

