DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name		First Name	MI
Social Security Number		Work Phone	
Action E	Effective Date Month Day Year		
Name of Financial Institution			
Account Number	nclude hyphens but omit spaces and special symbols.)	Type o	f Account 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 Joint	Dither
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 Signature			м. 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		1234
Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF Your Town Bank		\$ DOLLARS
Do not use a deposit slip to verify the routing number. Routing Transit Number	Your Town, FL 12345		JOLENIO .
Account Number	1 (250000005): 1(234556789022)	'	

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