DIRECT DEPOSIT AUTHORIZATION

Purpose of Authorization: (check one) ☐ New Authorization (complete A, B, C and F)		☐ Change to Existing Authorizati (complete A, B, D and F)	on
A.	Customer Information		
Name		Er	nail Address
		A	round the Clock Owner Account Number
Addres	SS	Ci	ty, State, Zip Code
В.	Banking/Financial Institution Info	ormation	
Name	of Bank/Financial Institution	Pł	none Number of Institution
Addres	ss		ccount Number
Addres	ss	Ba	ank ABA/Routing #
Addres	ss		Checking
debit a			n to deposit funds to my account. If necessary, initiate y discontinue this authorization at any time by giving
Author	rized Signature	D:	ate
D. I autho	Change Authorization Statement orize and request Around the Clock,		n this form for automatic deposit to my account.
Author	rized Signature	Da	ate
Ε.	Cancellation Statement		
-	est Around the Clock, Inc. to termina d the Clock, Inc. to act upon my requ		to my account. I will allow a reasonable time for
Author	rized Signature	Da	ate

F.

Attach a voided check.