

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	First Name <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
MI <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
Social Security Number <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>	Work Phone <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 15%; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20%; height: 20px; border: 1px solid black;" type="text"/>
Action <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> New <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Change <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Cancel	Effective Date <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Month Day Year
Name of Financial Institution <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
Account Number <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	(Include hyphens but omit spaces and special symbols.)
Type of Account <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Checking <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Savings	
Routing Transit Number <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)
Ownership of Account <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Self <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Joint <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> 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 _____ 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.



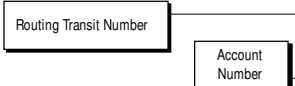
Call your financial institution to make sure they will accept direct deposits.



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



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



JOHN PUBLIC 1234
 123 Main Street
 Your Town, FL 12345 _____ 19 _____

PAY TO THE ORDER OF _____ \$

Your Town Bank DOLLARS
 Your Town, FL 12345

For _____

⑆25000005⑆ ⑆123456789022⑆

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