

# Direct Deposit Authorization

## CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT - ACH CREDIT

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

I authorize \_\_\_\_\_ to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the financial institution(s) named below.

### Financial Institution (1)

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_ Amount\* \_\_\_\_\_  Checking  Savings

Account Number \_\_\_\_\_ Amount\* \_\_\_\_\_  Checking  Savings

### Financial Institution (2)

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_ Amount\* \_\_\_\_\_  Checking  Savings

Account Number \_\_\_\_\_ Amount\* \_\_\_\_\_  Checking  Savings

**\*In Amount field, enter NET for full paycheck or remaining balance after other account deposits.**

This authority is to remain in full force and effect until I notify \_\_\_\_\_ by phone or in writing at least three (3) days prior to the effective date of the transaction.

ATTACH VOIDED CHECK

Account Owner Name \_\_\_\_\_

Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_