

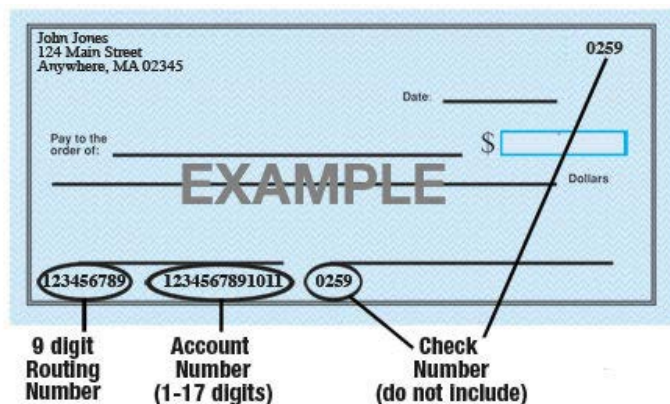
# DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name \_\_\_\_\_

Address \_\_\_\_\_

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



Name of Bank \_\_\_\_\_

9-Digit Routing # \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account:                      Checking                      Savings

Amount                      \$ \_\_\_\_\_                      \_\_\_\_\_ %                      Entire Payment

Name of Bank \_\_\_\_\_

9-Digit Routing # \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account:                      Checking                      Savings

Amount                      \$ \_\_\_\_\_                      \_\_\_\_\_ %                      Entire Payment

Attach a voided check for each bank account to which funds should be deposited (if necessary).

\_\_\_\_\_ is hereby authorized to directly deposit my payment to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature of recipient: \_\_\_\_\_

Date: \_\_\_\_\_