

Direct Deposit Authorization

I authorize _____ to send credit entries, as well as appropriate adjustments and debit entries, to my/our accounts as indicated below.

Account #1

Account Type: _____ Checking _____ Savings

Institution Name: _____

Bank Routing #/ ABA #: _____ Account#: _____

Percentage to be deposited into this account: _____

Account #2

Account Type: _____ Checking _____ Savings

Institution Name: _____

Bank Routing #/ ABA #: _____ Account #: _____

Percentage to be deposited into this account: _____

Please attach a voided check for each account here

Signature

Date

Printed Name