

## Direct Deposit Authorization Form

I hereby authorize \_\_\_\_\_ to send credit entries, as well as make adjustments and debit entries, as appropriate, to the account(s) indicated below:

### Account #1:

Account type (*select one*):            Checking \_\_\_\_\_            Savings \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_  
(*Street Address*)

\_\_\_\_\_  
(*City, State, ZIP Code*)

Bank Routing Number / ABA Number: \_\_\_\_\_

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

Percentage to Be Deposited Into This Account: \_\_\_\_\_

*(If you are including a second account, please note that the percentages to be deposited in the two accounts must total 100%)*

**ATTACH IMAGE OF  
VOIDED CHECK (CHECKING ACCOUNT)  
OR DEPOSIT SLIP (SAVINGS ACCOUNT) HERE**

### Account #2:

Account type (*select one*):            Checking \_\_\_\_\_            Savings \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, ZIP Code)

Bank Routing Number / ABA Number: \_\_\_\_\_

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

Percentage to Be Deposited Into This Account: \_\_\_\_\_  
(Please remember that the percentages to be deposited in the two accounts must total 100%)

**ATTACH IMAGE OF  
VOIDED CHECK (CHECKING ACCOUNT)  
OR DEPOSIT SLIP (SAVINGS ACCOUNT) HERE**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)