

# Direct Deposit Authorization

**Instructions: Complete and attach a voided check for the account to which funds should be deposited. Return to Company.**

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account ("Account") indicated below. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Account Type (check one):  Checking  Savings

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Financial Institution Routing Number (ABA number)

\_\_\_\_\_  
Financial Institution Account Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name