DIRECT DEPOSIT Authorization Form

Please fill out the top portion of this form ***or*** *attach a voided check or deposit slip from the your bank with the information that is requested in the top portion. Remember to sign your name at the bottom.*

Name of Bank or Credit Union:_____

Routing #: _____

Account #:_____

Checking ___? or Savings___?(check one)

_____

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(attach voided check or deposit slip here)

_____

_____ _____

Signature *Date*