

DIRECT DEPOSIT AUTHORIZATION

INSTRUCTIONS

PART 1: Transaction Type

Check the appropriate box(es).

NOTE: The payee must review Part 2 and complete Part 3 for all transaction types.

- **NEW SETUP** - Select if payee is not currently on direct deposit.
 - Financial institution representative must complete Part 4.
- **CANCELLATION** - Select if payee wishes to stop direct deposit.
 - Do not complete Part 4.
- **CHANGE FINANCIAL INSTITUTION**
 - The new financial institution representative must complete Part 4.
- **CHANGE ACCOUNT NUMBER**
 - Financial institution representative must complete Part 4.
- **CHANGE ACCOUNT TYPE**
 - Financial institution representative must complete Part 4.

PART 2: Payee Identification

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

PART 3: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form.

NOTE: No alterations to the text in this section will be allowed.

PART 4: Financial Institution

This section must be completed by Payee, Owner or Manager.

The financial institution representative's name must be provided in box 19.

NOTE: Alterations to routing and/or account number must be initialed by the financial institution representative or the payee.