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 #:
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

