



**DIRECT DEPOSIT AUTHORIZATION FORM
NEW AUTHORIZATION**

PAYER INFORMATION:

PAYEE INFORMATION

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE NUMBER _____

PHONE NUMBERS

FAX NUMBER _____

HOME: _____

WORK: _____

SSN: _____

IDENT # / EMPLOYEE NUMBER _____

FINANCIAL INSTITUTION: E-STATIC CARD

RTN# _ _ _ _ _

ACCOUNT#

ATTACHMENTS: ATTACHED TO THIS AUTHORIZATION IS A CANCELED CHECK TO MY ACCOUNT.

I _____ AUTHORIZE ALL PAYMENTS DUE TO ME IN THE
ACCOUNT/S NAMED HEREIN. I FURTHER AUTHORIZE _____ THE AUTHORITY
TO MAKE DEBITS OR TAKE OTHER CORRECTIVE ACTIONS, IF NECESSARY, IN RELATION TO ANY DEPOSIT MADE
BY _____ INTO THE ACCOUNTS.

SIGN _____

Dated _____

