



# E-STATIC CARD

## 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 CANCELLED 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 \_\_\_\_\_