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 de deposited into this account:_____

Account #2

Account Type: _____Checking_____Savings

Institution Name: _____

Bank Routing #/ABA #: _____

Percentage to de deposited into this account:_____

Please attach a voided check for each account here.

_____   _____
Signature   **Date**

_____

Print Name