



# 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.