

DIRECT DEPOSIT AUTHORIZATION FORM

Please Print Clearly

Name _____
(first name) (m.i.) (last name/surname)

If you wish to deposit into more than one bank account, you must deposit a specific dollar amount in one account and deposit the remaining balance in the other account. Please check off either Full Deposit or put the amount to be deposited in Dollar Amount.

ACCOUNT # 1

Bank or Credit Union Name _____

Routing Number _____ Account Number _____

_____ Checking Account _____ Savings Account

Full Deposit \$ _____ **OR** Dollar Amount \$ _____

ACCOUNT # 2

Bank or Credit Union Name _____

Routing Number _____ Account Number _____

_____ Checking Account _____ Savings Account

Remainder \$ _____

***Attach a copy of a voided check**

***Make sure the account is currently set up**

***Verify bank's routing number (nine digit number in lower left corner of check)**

***IN THE EVENT YOUR ACCOUNT IS CREDITED IN ERROR, THE CONSORTIUM IS AUTHORIZED TO DEBIT YOUR ACCOUNT FOR THE SAME AMOUNT**

This authorization will remain in force until the Consortium is notified in writing to cancel Direct Deposit.

Signature

Date