

DIRECT DEPOSIT INFORMATION

**IF THIS FORM IS NOT FILLED OUT AND SIGNED
YOU WILL RECEIVE A PAPER CHECK. IT HAS TO
BE IN YOUR FILE EVERY YEAR!! IF YOU ARE
USING TWO BANKS, YOU NEED TWO FORMS
COMPLETED.**

NAME: _____

DIRECT DEPOSIT INFORMATION:

STATE DIRECT DEPOSIT INFORMATION THE SAME? YES NO NA

Financial Institution Name: _____

Routing Transit Number: _____

Account Number: _____

Deposit Funds To:

Checking

Savings

Paper Check

I authorize the deposit to the account referenced above:

Signature: _____ Date: _____

***Your signature confirms this information to be correct and releases L.A. Bryson from any responsibility due to non-direct deposit of funds. A check will be issued if the direct deposit cannot be made.**