## **Direct Deposit Organization Enrollment Form**



Account No	
Account Name	
Account Holder Name	
Organization Address	
Telephone No	
Email Address	
Please send my funds directly to my account	at the following bank:
Name of Bank	
Bank Address	
Bank Phone	
Bank Account Type ( <i>Please check one</i> )	CheckingSavings
Bank Account No	
Bank Routing No	
Account Holder Signature	Date

PLEASE ATTACH A VOID CHECK.