

Direct Deposit Authorization Agreement

 New Direct Deposit

 Change to Current Direct Deposit

 Cancel Direct Deposit

Please Print

Name:

Social Security Number:

Please fill out either the Checking Account Information Section or the Savings Account/Credit Union Information Section. CDS will only deposit to one account.

Checking Account Information

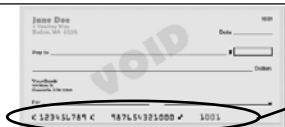
Obtain this information directly from the bottom of your check. Please include a copy of a **voided check**.

Name of Financial Institution:

Address of Financial Institution:

Transit/ABA Number:

Account Number:



⑆ 123456789 ⑆

987654321000 ⑈

1001

Transit/ABA Number

Account Number

Check Number (do not include)

Savings Account/Credit Union Information

Please obtain this information from your financial institution.

The information on your deposit slip is **not** applicable for this purpose.

Name of Financial Institution:

Address of Financial Institution:

Transit/ABA Number:

Account Number:

Authorization

I hereby authorize the company to initiate credit entries and if necessary, debit entries and adjustments for any credit entries made in error to my account, with the financial institution indicated. The financial institution is authorized by me to credit or debit my account for the amount of those entries.

This authorization is to remain in effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company a reasonable opportunity to act on it.

Signature:

Date: