

Direct Deposit Authorization Form

We are pleased to be able to offer you the convenience of Direct Deposit.

Direct Deposit will help you in many ways.

It saves you trips to your financial institution.

It saves you time in depositing checks—no long lines to wait in.

It eliminates the possibility of lost, stolen or forged checks.

Your money is deposited faster—reduces the possibility of overdrafts.

You get your money deposited into your account even if you're on vacation or away from the office on business or illness.

Here's how Direct Deposit works:

You will receive in the mail a voucher showing the amount deposited in your account.

You will have access to your payment at your financial institution's opening of business on payday.

The amount of the deposit will appear on your bank statement.

Direct Deposit is safe, convenient and easy.

To take advantage of this service, complete the authorization form below, which gives the DNMM authority to deposit your payment to your account, and **return it to:**

Disability Network of Mid-Michigan
1705 S. Saginaw Rd.
Midland, MI 48640

All you need to do is:

1. Mark the box before type of account to indicate whether your pay will be deposited in your checking or savings account.
2. Fill in your name, the name and location of your financial institution, and today's date.
3. **Attach a voided check for verification** of all financial institution information. If you are unable to attach the voided check, please fill in your account number.

NOTE: Be sure to sign the form!

Please complete the information below.

I authorize Disability Network of Mid-Michigan to initiate electronic credit entries each payment period, and if necessary, debit entries and adjustments for any credit entries in error to my: ___ checking account (or) ___ savings account.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____ Name _____
Print name

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing Number _____

Financial Institution City and State _____

Signature _____