



# DIRECT DEPOSIT FORM

Please mark: ( ) Per Capita, ( ) Pension, ( ) both or ( ) other \_\_\_\_\_

\_\_\_\_\_  
**Member Name** **Census #** **Date**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**Minors Name & Census** **Minors Name & Census** **Minors Name & Census**

\_\_\_\_\_  
**Address** **City/State** **Zip**

(For Information clarification only)

\_\_\_\_\_  
**Phone**

I wish to have my Per Capita checks automatically deposited to my  
 ( ) Checking and/or ( ) Savings accounts as indicated below:

Account Number	Type/Ck or Svgs	Percent/Amount
_____	_____	_____
_____	_____	_____

Your banks name and address:

\_\_\_\_\_ **Bank Name**  
 \_\_\_\_\_ **Bank Address**  
 \_\_\_\_\_ **City/State**  
 \_\_\_\_\_ **Zip Code**  
 \_\_\_\_\_ **Routing Number**

**This Authorization will remain in full force until I provide written authorization changing or terminating it.**

\_\_\_\_\_  
**Print Name – Authorized Signer**

\_\_\_\_\_  
**Member/Parent /Authorized Signature** **Date**

**Please attach a voided check from the listed account or accounts. This will provide verification for account number and bank information such as address and routing number.**