

Direct Deposit Form

Instructions

1. Complete the form.
2. Sign it.
3. Turn it into your Employer's Payroll Department.

CUSTOMER INFORMATION *(Please print in ink)*

NAME

ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE

AMOUNT

ACCOUNT NUMBER

ACCOUNT TYPE

AMOUNT

ACCOUNT NUMBER

ACCOUNT TYPE

AMOUNT

COMPANY INFORMATION

COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

AUTHORIZATION

I hereby authorize _____ to make deposits in the account(s) identified above and authorize Royal Banks of Missouri to accept such deposit(s). It is agreed that these deposits and adjustments may be made electronically and under the Rules of National Automated Clearing House Association. This authorization will remain in effect until I give written notice to cancel it. It is understood that any such payments so forwarded to which I am not entitled shall be returned to the extent there are funds in my account(s).

CUSTOMER SIGNATURE

DATE

NOTICE TO PAYING AGENT

Please transmit ACH Payments Using the Following Information:

Royal Banks of Missouri

Routing and Transit #081001439