

DIRECT DEPOSIT INFORMATION

IF THIS FORM IS NOT FILLED OUT AND SIGNED YOU WILL RECEIVE A PAPER CHECK. IT HAS TO BE IN YOUR FILE EVERY YEAR!!

NAME: _____

DIRECT DEPOSIT INFORMATION:

STATE DIRECT DEPOSIT INFORMATION THE SAME? ___ YES ___ NO ___ NA

Financial Institution Name: _____

Routing Transit Number: _____

Account Number: _____

Deposit Funds To:

___ Checking

___ Savings

___ Paper Check

I authorize the deposit to the account referenced above:

Signature: _____ Date: _____

***Your signature confirms this information to be correct and releases L.A. Bryson from any responsibility due to non-direct deposit of funds. A check will be issued if the direct deposit cannot be made.**