



**ACCOUNTING SERVICES  
2400 GILLIONVILLE ROAD  
BUILDING K SUITE 207 C  
229-500-2113**

## **Direct Deposit Authorization for Non-Employee**

Please complete and return this form to the Accounts Payable department. Be sure to include a voided (or copy) check/deposit slip.

Name on the account: \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Is this a joint account? YES/ NO

NAME OF YOUR FINANCIAL INSTITUTION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRANSIT NUMBER (ABA/Routing) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**\* This must be a checking account\***

I authorize you and the Financial Institution listed to deposit my net payment automatically to my account each time a payment is due me and to initiate adjustments, if necessary, for any entries made in error to my account. This authority will remain in effect until I have cancelled in writing.

***I certify under penalty of perjury that the information I have provided on this form is correct.***

Signed \_\_\_\_\_ Date \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**ATTACH CHECK/DEPOSIT (COPY) HERE**