## **DIRECT DEPOSIT AUTHORIZATION**

Purpose of Authorization: (check one)  ☐ New Authorization (complete A, B, C and F)		☐ Change to Existing Authorizati (complete A, B, D and F)	on
A.	Customer Information		
Name		Er	nail Address
raunc		<u></u>	ound the Clock Owner Account Number
		Al	ound the clock owner Account Number
Addre	ss	Ci	y, State, Zip Code
В.	Banking/Financial Institution Info	ormation	
Name	of Bank/Financial Institution	PI	one Number of Institution
Addre	SS	A	count Number
Addre	SS	Ba	nk ABA/Routing #
Addre	SS		Checking
debit a			n to deposit funds to my account. If necessary, initiate discontinue this authorization at any time by giving
Autho	rized Signature		ite
D.	Change Authorization Statement orize and request Around the Clock, I	nc. to make the changes indicated o	n this form for automatic deposit to my account.
Autho	rized Signature	Da	ite
E.	Cancellation Statement		
-	est Around the Clock, Inc. to termina d the Clock, Inc. to act upon my requ		to my account. I will allow a reasonable time for
Autho	rized Signature	Da	ite

F.

Attach a voided check.