

Direct Deposit Authorization Form

Name

Contact Person (if applicable)

Phone Number

Email Address (where payment remittances will be sent)

Financial Institution Information

Name of the Financial Institution

Address

City

State

Zip Code

Type

Account Number

Checking

Bank Routing Number

Savings

Transaction Information

Authorization - I hereby authorize debit and/or credit entries to my Checking or Savings account indicated. All ACH transactions originated will comply with the laws of the United States of America. **I have attached a voided check or other suitable account document for the specified account (No Deposit Slips).** This authorization will remain in full force until the company has received written notification from me of its termination.

Cancellation - I hereby cancel the authorization for direct deposit.

Change - I hereby request a change of the authorization for direct deposit.

Change in account - New Account Number _____

Change in financial institution

Name of the Bank

Account Number

Routing Number

Signature

Date

Please Return this form to: procurement@clintonairport.com

Procurement Use Only

Entered by

Date