

SIMPLE SWITCH

Non-Federal Direct Deposit Simple Switch Form Authorizatoin agreement for automatic deposits (ACH credits)

DIRECTIONS FOR CUSTOMER USE:

1. Ensure entire form is complete, then sign and date.
2. Ensure appropriate Employer / Company address is used when mailing completed form.
3. Employer / Company should review this form for completeness and suitability. If employer/company prefers or requires their own form, use account type, number and ABA routing number below to help complete their form.

Employer / Company Name _____

Employer Address _____

City _____ State _____ Zip _____

I authorize the COMPANY (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my account at the DEPOSITORY (identified above), for the purpose of automatically depositing funds to my account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

NOTE: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account type Checking Savings
Account number _____
ABA Routing Number **211770093**
Deposit Amount _____ % or \$ _____ (Flat Amount) or Remaining



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Account number _____
ABA Routing Number **211770093**
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Account type Checking Savings
Account number _____
ABA Routing Number **211770093**
Deposit Amount _____ % or \$ _____ (Flat Amount) or Remaining

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Signature (required) _____ Date _____ Tel Number _____ - _____ - _____