

# DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO: FAX (716) 886-3790  
 Email - kew@racbny.org

## PART 1: Transaction Type

<input type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation <i>(Leave Part 4 blank)</i>	<input type="checkbox"/> Change account number
	<input type="checkbox"/> Change account type

## PART 2: Payee Identification

I would like to receive correspondence via e-mail.

Tax ID <i>(Social Security Number or Employer Identification Number)</i>		Work Phone Number	Home Phone Number	
Name		E-mail Address		
Address	City	State	ZIP Code	

## PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the \_\_\_\_\_ to deposit payments by electronic funds transfer into the account specified below. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Printed Name	Date
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## PART 4: Financial Institution *(Contact your financial institution for this information, if necessary.)*

Financial Institution Name		City	State	ZIP Code
Routing Transit Number	Customer Account Number		Type of Account	
_____	_____		<input type="checkbox"/> Consumer Checking <input type="checkbox"/> Consumer Savings <input type="checkbox"/> Corporate Checking <input type="checkbox"/> Corporate Savings	
Representative Name <i>(Please print)</i>		Title		
Representative Signature				