

DIRECT DEPOSIT AUTHORIZATION

PARTICIPANT INFORMATION *(Please Print)*

Name: _____ DOB: _____ Acct #: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: (Circle one: Home or Cell) _____ Email: _____

DIRECT DEPOSIT INFORMATION

Direct Deposit Amount \$ _____ Check one: Annuity Benefit Payment Self-directed Benefit Payment
Month to Begin: _____ Schedule of Direct Deposit: 1st of the month
Note: If 1st falls on a weekend or holiday, draft will be on the next business day.

BANK ACCOUNT INFORMATION

Name(s) on Bank Account: _____
Routing Number: _____ Bank Account Number: _____
Account Type (check one): Checking Savings

**** Please attach a voided check below, a copy of check, a picture of a check, or official bank form which includes routing and account number.**

PAY TO THE ORDER OF _____		Date _____	2400 91-548/1221
FOR _____		_____	_____ DOLLARS
: 012345678 :		01234567890123 :	2400
Routing Number	Account Number	Check Number	

DIRECT DEPOSIT AUTHORIZATION AND AGREEMENT

I hereby authorize Richland Ave Financial to deposit payments electronically into my checking/savings account and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. To ensure that my account is properly credited, I have attached either a voided check from my checking account, official bank form including routing and account number, a copy/picture of check, or a deposit slip from my savings account, where my payments will be deposited. I acknowledge that the direct deposit will take place on the first business day of each month. I agree that this authorization will remain in effect until I provide notification terminating this service.

Signature: _____ Date: _____