



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize FM Financial to deposit my payment(s) automatically to me.

Adjusted entries to correct errors are also authorized. This authority will remain in effect until it is cancelled in writing.

Checking account **Important** – For checking accounts, please enclose a voided check with the correct account number. Do not send a deposit slip.

Savings account

Financial Institution Name

Checking or Savings Account Number

Address

ABA Routing Number

City

State

Zip

Telephone Number

Client Name (Print)

Address

City

State

Zip

Telephone Number

Signature

Date

Signature (if joint account)

Date