



## Direct Deposit Enrollment Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Company Name: \_\_\_\_\_

Social Security Number/Company Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Please list your account information without dashes or other characters in the field of your choice below.

### Checking Account

Routing: \_\_\_\_\_

Account: \_\_\_\_\_

### Savings Account

Routing: \_\_\_\_\_

Account: \_\_\_\_\_

Please attach a copy of a voided check. **Do not** send a deposit slip.

If you are changing from a personal account to a business account please attach a copy of the new W-9 for our records

Member Signature: \_\_\_\_\_ Agent Number \_\_\_\_\_

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**Place copy of voided check here**