

# Instructions for Authorization for Electronic Deposit of Payment

## **Section 1: Transaction Type**

Select the appropriate transaction type(s).

## **Section 2: Payee Identification**

Provide the Employer Identification Number (EIN) or Social Security Number (SSN) and enter payee contact information, including the phone number and email address to which payment notifications are to be sent. Notifications are sent for direct deposit payments only.

## **Section 3: Financial Institution**

Complete the Financial institution information.

### **Important:**

The direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information.

### **Prenote Test:**

A prenote test will be sent to your financial institution for the account information provided. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

## **Section 4: Cancellation**

Provide reason and authorization for cancellation request.

## **Section 5: Authorized Signature**

Must be completed in its entirety and no alterations to the authorization language will be accepted.