



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Ozarks Regional YMCA DIRECT DEPOSIT AUTHORIZATION

Name \_\_\_\_\_

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

### Checking

Account # \_\_\_\_\_ Percent/Amount: \_\_\_\_\_

### Standard Savings

Account # \_\_\_\_\_ Percent/Amount: \_\_\_\_\_

### # 2 Checking

Routing Number \_\_\_\_\_

Account # \_\_\_\_\_ Percent/Amount: \_\_\_\_\_

### # 2 Standard Savings

Routing Number \_\_\_\_\_

Account # \_\_\_\_\_ Percent/Amount: \_\_\_\_\_

I authorize Payroll and the Financial Institution listed above to initiate deposits of funds to which I am entitled automatically to my account. If funds to which I am not entitled are deposited to my account, I authorize you to initiate debit entries and adjustments to return said funds. This authority will remain in effect until I have cancelled it in writing at such time and in such manner as to afford you a reasonable opportunity to act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_