Direct Deposit Authorization Form

Please print and complete ALL the information below. Name: Address: City, State, Zip: John Jones 124 Main Street Anywhere, MA 02345 0259 1234567891011 (123456789) Account Check Routing Number Number Number (1-17 digits) (do not include) Name of Bank: Account #: 9-Digit Routing #: Type of Account: Checking Savings (Circle One) Please attach a voided check for bank account to which funds should be deposited. Middlebury Cooperative Milk Prod. Assoc. is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. Producer Signature: _____ Producer #_____ Date:_____