

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Email to send remittance: _____

Attach a copy of voided check or bank letter for account to which funds should be deposited.

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

Facilities Management Group is hereby authorized to directly deposit into the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Vendor Signature: _____

Date: _____