



DIRECT DEPOSIT AUTHORIZATION FORM

Name of Organization: _____

Name as listed on account: _____

Address: _____

City/State: _____ Zip Code: _____

Contact Person: _____

Title/Position: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Receiving Bank / Account Details

Account Name: _____

Financial Institution: _____

Financial Institution Address: _____

City/State: _____ Zip Code: _____

Phone: (_____) _____

Routing Number: _____

Checking Account Number: _____

I hereby authorize Municipal Intercept Services LLC to verify this authorization form against all available information for completeness and accuracy. Please note that any changes to the banking information should be communicated to Municipal Intercept Services in writing and include a new original voided check.

Authorized Signature ONLY:

AUTHORIZATION: _____

Signature

Title

Name

Date



Please attach an original voided check

Return To:

Municipal Intercept Services LLC
P.O. Box 1270
Montgomery AL 36102