

Direct Deposit Authorization Form

I hereby authorize MCLC Corp. to send credit entries, as well as make adjustments and debit entries, as appropriate, to the account(s) indicated below:

Account #1:

Account type (*select one*): Checking _____ Savings _____

Name of Financial Institution: _____

Financial Institution Address: _____
(Street Address)

_____ *(City, State, ZIP Code)*

Bank Routing Number / ABA Number: _____

Account Number: _____

Percentage to Be Deposited Into This Account: _____

(If you are including a second account, please note that the percentages to be deposited in the two accounts must total 100%)

**ATTACH IMAGE OF
VOIDED CHECK (CHECKING ACCOUNT)
OR DEPOSIT SLIP (SAVINGS ACCOUNT) HERE**

Account #2:

Account type (*select one*): Checking _____ Savings _____

Name of Financial Institution: _____

Financial Institution Address: _____
(Street Address)

(City, State, ZIP Code)

Bank Routing Number / ABA Number: _____

Account Number: _____

Percentage to Be Deposited Into This Account: _____
(Please remember that the percentages to be deposited in the two accounts must total 100%)

**ATTACH IMAGE OF
VOIDED CHECK (CHECKING ACCOUNT)
OR DEPOSIT SLIP (SAVINGS ACCOUNT) HERE**

(Signature)

(Date)

(Printed Name)