

Direct Deposit Authorization Form FOR CUSTOMERS

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|---------------------|--|-------------|--------|
| Company Name | | Date | / /201 |
|---------------------|--|-------------|--------|

Section 1 –Account Type

| | | | |
|----------|-------------------------------------|---------|--------------------------|
| Checking | <input checked="" type="checkbox"/> | Savings | <input type="checkbox"/> |
|----------|-------------------------------------|---------|--------------------------|

| | |
|-------------------------------------|--|
| Reason for Change or Delete: | |
|-------------------------------------|--|

Section 2 – Change Requested Type & Bank Account information

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|-------------|--------------------------|------------|--|-----------|--|
| New Account | <input type="checkbox"/> | Account #: | | Routing # | |
|-------------|--------------------------|------------|--|-----------|--|

| | | | | | |
|----------------|--------------------------|------------|--|-----------|--|
| Update Account | <input type="checkbox"/> | Account #: | | Routing # | |
|----------------|--------------------------|------------|--|-----------|--|

Section 3 – Customer Profile (All fields are required) Account Owner Information

| | | | |
|-------------|--|------------|--|
| First Name: | | Last Name: | |
|-------------|--|------------|--|

| | | | |
|---------------|--|--------|--|
| Company Name: | | Title: | |
|---------------|--|--------|--|

| | | | |
|----------|--|-------------------|--|
| Phone #: | | Email on account: | |
|----------|--|-------------------|--|

| | | | |
|---------------|--|------------------|--|
| Contact Name: | | Contact Phone #: | |
|---------------|--|------------------|--|

| | | | |
|---------------------|--|-------|--|
| Address on Account: | | City: | |
|---------------------|--|-------|--|

| | | | |
|-------------------|--|--|--|
| State & Zip code: | | | |
|-------------------|--|--|--|

Section 4 – Direct Deposit Detail

How often you would like the payments to be direct deposited?

PLEASE NOTE THERE IS A CHARGE OF \$5.00 FOR EVERY TRANSACTION IF YOU PREFER TO RECEIVE THE PAYMENT OVERNIGHT. THERE IS NO CHARGE FOR PAYMENT TRANSMITTED VIA REGULAR ACH WHICH MAY TAKE 3-5 BUSINESS DAYS.

| | | | |
|-------------|--|---------------|--|
| Once/month: | | As necessary: | |
|-------------|--|---------------|--|

| | | | |
|--------------|--|--|--|
| Twice/month: | | | |
|--------------|--|--|--|

Section 4 – Authorization

NOTE: FORMS MUST BE COMPLETE AND E-MAILED TO accounts-payable@madisonmanagement.net BY THE ID ACCOUNT OWNER/MANAGER BEFORE THE DIRECT DEPOSIT CAN BE SETUP. ACCOUNT OWNER'S NAME MUST BE TYPED BELOW AND WILL REPRESENT APPROVAL FOR THE DIRECT DEPOSIT SETUP OR MODIFICATION. IT MAY TAKE 5-10 BUSINESS DAYS FOR THE SETUP AND VERIFICATION BEFORE THE FIRST DIRECT DEPOSIT CAN BE SENT

Account Owner's Name & Title: _____