J.C. FINANCIAL SERVICE

Direct Deposit Authorization

Please mail to: PO Box 1192 Norwalk Ca. 90650 or Fax back to (562) 406-8811

Check one of the following: ☐ Start ☐ Stop ☐ Change	Effective Date: ☐ As Soon As Possible ____/____/____	☐ Future Pay date
Name (Last, First, Middle Initial)		**Social Security Number**
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)		

Transit Routing Number (Must be 9 numbers)	**Account Number**

Type of Account: ☐ Checking	Withdrawal Amount: $ + ($3.00)	

I hereby authorize JC Financial Services to initiate debit entries to my account in the entity named above ("institution") as payment for Transaction Fees and Monthly Service Fees (as per contract agreement), and I authorize the institution to accept and to debit the amount of such entries to my account. This authorization is also applicable to any other account I have, should the originally authorized account be closed or deemed inactive.

Date (Mo/Day/Yr)	Signature	Daytime Phone Number

Home Address: Street	City	State	Zip Code

Attach a voided check or photocopy of a check for checking account.

DO NOT ATTACH A DEPOSIT SLIP.

John Smith
Mary Jones
1000 Prairieview Lane
Anyplace, WI 54321

VOID

1234

15-000000000

PAY TO THE
ORDER OF _____ $ _____

DOLLARS

ANYOLD BANK
Anyplace, WI 54321

Routing Number

Account Number

Do **not** include the check number.

For _____

|:250250025 |:   202020086ⁿ   1234