



# GREATER DAYTON PREMIER MANAGEMENT DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Greater Dayton Premier Management to initiate credit/debit entries for payments, debits or error corrections to my account (identified below) and authorize the bank to credit/debit the same to my account.

This authorization is to remain in effect until revoked in writing with Greater Dayton Premier Management.

Client Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Complete either checking or savings account – DO NOT COMPLETE BOTH.

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## CHECKING ACCOUNT

Checking Account Number \_\_\_\_\_

Transit/ABA Routing Number \_\_\_\_\_

Bank Name \_\_\_\_\_ City, State \_\_\_\_\_

\*Attach a copy of a voided check

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## SAVINGS ACCOUNT

Savings Account Number \_\_\_\_\_

Transit/ABA Routing Number \_\_\_\_\_

Bank Name \_\_\_\_\_ City, State \_\_\_\_\_

\*Attach a deposit slip or call bank to get routing number

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**RETURN COMPLETED FORM (WITH ATTACHMENTS) TO:**

procurement@dmha.org