Direct Deposit Authorization Form

New Enrollment: To change your paper checks to electronic deposits take this completed form to your employer or other payor directly.

Existing Enrollment: To change the bank account currently receiving deposits electronically take this completed form to your employer or other payor directly.

Account Information

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Routing Transit Number (ABA #)</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of Hope</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Account Type (Choose one):  

- [ ] Checking
- [ ] Savings

Please note:
- For Direct Deposit into Checking you can find your account number on your check, bank statement or the account documents provided at account opening
- For Direct Deposit into Savings you can find your account number on your bank statement or account documents provided at account opening

Deposit amount (Choose one):
- [ ] Total net pay
- [ ] Set amount of $________

Please attach a voided check:

NAME
ADDRESS
CITY, STATE ZIP

DATE

$[ 

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR

Routing Number Account Number

0123
01-23456789

0123

0123456789 0123456789 0123

Please note:
- It may take one to two months for a payor to process your direct deposit request and to begin receiving electronic deposits
- Contact the payor that generates your direct deposit for specific details
- The payor may require you to complete additional forms or provide a voided check to process your request

I hereby authorize ____________________ (Name of Employer/Payor) to make deposits to the account listed above. This authorization will be in effect until I give written notice to cancel it.

Signature  
Printed Name  
Date  
Employee ID # (if applicable)

Ver. 0513DD