



# THE PREFERRED GROUP

## Authorization Agreement for Direct Deposit/Direct Withdrawal

Mail to: The Preferred Group, PO Box 15136, Albany, NY 12212-5136

Use this form to initiate or cancel direct deposit and direct withdrawal authorizations, or to change bank accounts. The authorization agreement must be sent to The Preferred Group two to three weeks before the direct deposit / change is activated. All requests for Direct Deposit must be submitted on this form and include a voided check or image of a check for the account. This direct deposit form will not be processed if a voided check or image is not attached. Deposit slips are not acceptable as appropriate routing numbers may not be available.

The Preferred Group is not responsible for bank charges of any type that you may incur for direct deposit transactions. Do NOT assume that a payment/withdrawal has been made to your account at any time. You are solely responsible for checking with your bank as to the deposit/withdrawal amount and date of transactions made to your account.

By signing this form, you understand that you are authorizing transactions to be made to your bank account within 2 business / banking days of the processing of said transactions. (Any misrouted funds will be corrected upon discovery.) You are also authorizing The Preferred Group to initiate credit/debit entries to your checking account and to notify you of your direct deposit by email only. You are certifying that the information that you are supplying below is both accurate and valid and you will notify The Preferred Group as any changes occur. If this is a joint account or in someone else's name that individual must also sign and therefore agree to the terms of this form.

**To set up for direct deposit you must:**

- Have an open checking account
- Provide a copy/image of a check (attach to this authorization)
- Have a valid email address

Please check the appropriate box: ( ) Authorize Credit/Debit ( ) Change Account ( ) Cancel Authorization

**\*Required Fields**

\*Group or Participant Name: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*ID Number: \_\_\_\_\_

\*Purpose: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Transit Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

\*Authorizing Signature(s): \_\_\_\_\_

For assistance in finding routing and account numbers please see below. **Please attach your cancelled check over the sample image.**

