



Direct Deposit Authorization Form

Please print and complete ALL the information blow

Your Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Bank Information:

Bank Name: _____

Bank Address: _____

City, State, Zip: _____

Routing Number (9 digits): _____

Account Number: _____

Authorization

I hereby authorize Iranian American Community Center – Pars Place to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account at the financial institution indicated above. This authorization will remain in effect until I modify or cancel it in writing

Signature: _____

Date: _____