



CCR Vendor DIRECT DEPOSIT AUTHORIZATION FORM

Please Complete the Information Below and Return this **Original Form. Scanned Copies and Faxes will not be accepted. Please use only (1) Bank Account.**

I authorize CCR and its agents including Financial Institutions to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account listed below. This authorization will remain in effect until I have informed CCR in writing that I wish to cancel it and CCR has had reasonable time to effect such cancellation.

Please print clearly. **Please attach an Original Voided Check** (not a photocopy) or a Letter from the Bank with Account Information.

Bank Name _____

Bank Address _____

Routing/Transit No. _____

Account No. _____

Type of Account (check type below):

Checking _____

Savings _____

Name: _____ (please print)

Signature _____ **Date** _____

ATTACH VOIDED CHECK HERE: [Sample]

