



Direct Deposit Enrollment/ Change Form

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| <ul style="list-style-type: none">• Initial Request | <ul style="list-style-type: none">• Change | <ul style="list-style-type: none">• Cancellation |
|---|--|--|

| PERSONAL DATA |
|------------------------------|
| Vendor Name: _____ |
| Email: _____ |
| FEIN OR TAX ID: _____ |
| Address: _____ |
| City, State, Zip Code: _____ |

| PRIMARY ACCOUNT |
|--|
| Financial Institution Name: _____ |
| Routing Number: _____ |
| Account Number: _____ |
| Type of Account: _____ |
| PLEASE PROVIDE A COPY OF A VOIDED OUT CHECK FOR CONFIRMATION |

| AUTHORIZATION |
|---|
| <p>I authorize Capital Management Group and/or Capital Association Management to initiate accounting transactions to pay directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain enforced until Capital Management Group and/or Capital Association Management receives written notice from me to cancel or change this authorization.</p> |
| Vendor Signature: _____ Date: _____ |