



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

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## Direct Deposit Authorization Agreement

I authorize Royal Neighbors of America (Royal Neighbors) to direct deposit all funds to be paid to the holder of the account listed below. To do so, I hereby authorize Royal Neighbors to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for credit entries made in error to my:

Checking account – please enclose a copy of your voided check

or

Savings account – please enclose an encoded deposit slip

Attach voided check or encoded deposit slip here.

Provide the information for your direct deposit account and financial institution below:

Bank name \_\_\_\_\_ Branch \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Account number \_\_\_\_\_ Routing transit number \_\_\_\_\_

This authority is to remain in full force and effect until terminated with written notification by me in such time and in such manner as to afford Royal Neighbors a reasonable opportunity to act on such notice.

Name on account (Royal Neighbors certificate owner, sales agent, or chapter no.):

\_\_\_\_\_

Royal Neighbors certificate no., agent ID no., or chapter no. \_\_\_\_\_

Signature as shown on bank account \_\_\_\_\_ Date \_\_\_\_\_

Printed name of signor \_\_\_\_\_