Cooperative Educational Services
Direct Deposit Authorization Form

Last Name

First Name **MI**

Social Security Number **Home Phone**

Action **Effective Date**

New **Change** **Cancel** **Month** **Day** **Year**

Name of Financial Institution

CHECKING ACCOUNT

SAVINGS ACCOUNT

Fixed amount to be put into Savings each month:

$ _____

Remaining amount will be put into checking account

Routing Transit Number **All 9 boxes must be filled**

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM

FORM MUST BE RECEIVED AT CES BY THE 10th OF MONTH TO BE EFFECTIVE THAT MONTH

Signature _____ **Date** _____