



Direct Deposit Authorization Form

Fill out and sign this form, then turn it into your employer or payor. If your employer or payor wants you to use their own form, please use this form as a reference.

Name _____ Employee Number (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Synchrony Bank **021213591**

Bank Name Routing Number Account Number

Type of Account:

Money Market account

High Yield Savings account

I authorize _____ (employer/payor name) to initiate deposits/credit entries to my account shown above and, if needed, to initiate withdrawals/debit entries to correct any erroneous deposits/credit entries. This authorization replaces any previous authorization I may have previously provided and will remain in effect until my employer or payor has received written notification from me that I have terminated this authorization and the payor has had a reasonable opportunity to act.

X _____
Signature

Date