

# Authorization for Direct Deposits

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## For Your Files Only

This authorizes Disabled American Veterans State Dept. of Missouri (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

### Account #1

Account # 1 Type (e.g. Checking, Savings, Loan...)

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

ZIP

BANK ROUTING # (ABA#)

ACCOUNT #

### Account #2

Account # 1 Type (e.g. Checking, Savings, Loan...)

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

ZIP

BANK ROUTING # (ABA#)

ACCOUNT #

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

EMPLOYEE ID #

DATE

**This document must be signed by employees requesting automatic deposit of paychecks, and retained on file by the employer. Do not send this form to the QuickBooks Payroll Services. Please e-mail or mail State Adjutant, 413 W. Hickory, Kirksville, MO 63501-1307**