



## DIRECT DEPOSIT AUTHORIZATION FORM

### CLIENT AUTHORIZATION

I hereby authorize FM Financial to deposit my payment(s) automatically to me.

Adjusted entries to correct errors are also authorized. This authority will remain in effect until it is cancelled in writing.

Applicable to the following FMF accounts: ☐ FM Financial ☐ FM Loan Fund ☐ All accounts

Account Number (s) :

### BANK INFORMATION

**Important:** For checking accounts, please enclose a voided check with the correct account number.

Please don't send a deposit slip.

☐ Checking account ☐ Savings account Account Number :

Name as it appears on the bank account :

ABA Routing Number :

Bank Name :

Address :

City/State/Zip :

Telephone Number :

### CLIENT INFORMATION

Client Name :

Address :

City/State/Zip :

E-mail :

Home Phone :  Cell Phone :

Signature :  Date :

Joint Signature :  Date :

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