



## DIRECT DEPOSIT AUTHORIZATION FORM

### PAYMENT AUTHORIZATION

I hereby authorize FM Financial (FMF) to direct deposit my payment(s) from the following account(s):

FMF Account Type :  Annuity  Managed  Trust  FM Investment & Loan Fund  All accounts

FMF Account Number(s) : \_\_\_\_\_

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

Client Signature :

Date :

Joint Signature :

Date :

### BANK INFORMATION - Payments from the above account(s) will be direct deposited to the bank account below.

**Important:** Please provide either a voided check or a screenshot/document directly from your bank showing the account holder name, routing number, and account number. Please don't send a deposit slip.

Name as it appears on the bank account : \_\_\_\_\_

Checking account  Savings account Bank Account Number : \_\_\_\_\_

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 :

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