



## DIRECT DEPOSIT AUTHORIZATION

I hereby authorize AR systems Inc. to initiate direct deposit to my account.

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Financial Institution**  
(Bank, Savings & Loan, Credit Union)

**Please check on of the following:**

- New Authorization
- Changing Bank Info
- Cancel Direct Deposit

**Type of Account**  
Checking  Savings  Other

**Bank Name** \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Phone Number (If Any)** \_\_\_\_\_

AR systems Inc. and the bank named above is authorized to deposit payment to the noted account. AR systems Inc. is also authorized to make any adjustments for any over-deposit which may occur. This authority will remain in effect until canceled in writing. It is acknowledged that any change to the routing or account number information, requires the account to be pre-noted again and that at least one real (live) check will be issued during this time.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**NOTE: Please attach a voided check. Deposit slips are not accepted by the bank.**