



## Direct Deposit Enrollment Authorization

Date \_\_\_\_\_ Customer Name \_\_\_\_\_

I authorize CSM Consulting to begin the direct deposit of my rebate distribution check to the financial institution(s) and accounts(s) listed below. I also understand that this authorization grants permission to CSM Consulting to reverse a deposit in the event of an error. This document will remain in effect until CSM Consulting has received a written notice from me requesting the termination of this direct deposit authorization in such time and manner as to afford CSM Consulting and the Bank reasonable opportunity to act on it.

Because of banking regulations, you must notify CSM Consulting, in writing, if you receive your rebate distribution check via direct deposit at a bank domiciled in the United States and then have the entire amount forwarded to a bank in another country.

**Instructions:** To assure proper credit to your account(s):

**For deposit to a Checking account:** Attach a voided check to this form or have your financial institution complete and sign this form. Contact your financial institution to verify the accuracy of the routing number for ACH deposit.

**For deposit to a Savings account:** Have your financial institution complete and sign this form.

Please note that deposit slips are not acceptable. It is your responsibility to verify the accuracy of the ABA routing number, the account number, and the type of account as well as the address of your financial institution by completing this form or asking your financial institution(s) to complete and sign. If you have any questions as to the accuracy of your bank information, please consult with your bank before remitting this form.

### ACH Account:

Bank/Financial Institution \_\_\_\_\_ City, State \_\_\_\_\_

ABA/Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Type:    Checking     Savings

Bank Contact \_\_\_\_\_

Bank Telephone Number \_\_\_\_\_

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_