



# Tsunami Enterprises, Inc.

P.O. Box 608, Ukiah, CA 95482  
Ph.(707)463-2546 Fax(707)462-6235

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Tsunami Enterprises, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Tsunami Enterprises, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Tsunami Enterprises, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Tsunami Enterprises, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Representative Payee Program.

### Account Information

Name of Financial Institution: \_\_\_\_\_

NAME ADDRESS CITY, STATE ZIP		0123 01-23456789
DATE _____		
PAY TO THE ORDER OF _____		\$ <input type="text"/>
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR _____		
⑆0⑆2345678⑆	⑆0⑆23456789⑆	⑆0⑆23
Bank Routing Number	Bank Account Number	Check Number

Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

### Signature

Print Full Name (Primary): \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name (Joint): \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check, deposit slip, or other pre-printed bank slip, and return this form to Tsunami Enterprise, Inc.**