



DIRECT DEPOSIT ENROLLMENT FORM

To enroll in Full Service Direct Deposit, simply complete **this form** and attach a **Voided Check** for the account in which to deposit. ***If depositing to a savings account, ask your bank to give you the Routing - Transit Number for your account.*** It is not always the same as the number used for Checking Accounts nor the same on a deposit saving slip.

Name: _____

Social Security #: _____

Please sign in ink. I hereby authorize Green Leaf Financial and Insurance Services, Inc. [hereinafter, "Green Leaf"] to deposit any commissions owed to me according to my Green Leaf commission statement, by initiating credit entries to my account at the financial institution [hereinafter, "Bank"] indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Green Leaf to my account.

In the event that Green Leaf deposits funds erroneously into my account, I authorize Green Leaf to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Green Leaf and Bank have received written notice from me of its termination in such time and in such manner as to afford Green Leaf and Bank reasonable opportunity to act on it.

Signature: _____ **Date:** _____

ACCOUNT INFORMATION: Entire Amount into: Checking _____ **Savings** _____ **Other** _____

Bank Name _____

City, State, Zip: _____

Routing/Transit # [lower left-hand corner on check below memo, consist of 9 digits]

Account #: [9 digit number located in middle of check]

COPY OF VOIDED CHECK