New Mexico CONSORTIUM

Rev. 11/01/2019

Direct Deposit Authorization

☐ **Start** ☐ **Change**

First Name: _____

Last Name_____

Account 1

Type of Account 1: ☐ Savings ☐ Checking

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Frequency: _____

Account 2 (Remainder to be deposited to this account)

Type of Account 2: ☐ Savings ☐ Checking

Bank routing number (ABA number): _____

Account number: _____

Frequency: _____

A voided check for each account is attached.

Authorization

I authorize the New Mexico Consortium to deposit funds in my account. If I receive funds to which I am not entitled, I authorize NMC to direct the financial institution to correct the error.

Signature: _____ Date: _____