



Rev. 11/20/22

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: _____

Attach a voided check for each account or a letter or another document from the bank with your name, bank routing number, and account number.

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: _____