

FLUSHING Bank

Authorization for Entitlement Direct Deposit

Name of "Service Award Trust" _____

I hereby authorize you to make arrangements with my Bank to begin Direct Deposit of my entitlement payment. I understand this requires credit entries and, if necessary, debits and adjustments for any credit entries in error to my account indicated below. This authority is to remain in full force and effect until you have received my written notification from me of its termination in such time and manner to afford you a reasonable opportunity to act on it.

Name _____

Address Line 1 _____

Address Line 2 _____

Telephone _____

Social Security No. _____

Email Address _____

ACCOUNT INFORMATION (Choose one Account Type Only)

	Amount	Account Number	Bank and Address	Bank Routing Number
Checking				
Savings				
Money Market				

SIGNATURE OF ENTITLED _____ Date of Birth _____

DATE _____

*Please include a copy of a voided check for checking account or ACH instruction letter available at your local branch for a savings account.

**Any form submitted without the copy of a voided check or ACH instruction letter will be returned.