



DIRECT DEPOSIT AUTHORIZATION

Vendor Name:

I hereby authorize the Fiscal Department of Buckeye Hills Regional Council to direct deposit payment for services rendered to:

Bank Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Acct. #: \_\_\_\_\_ Checking / Savings (circle one)

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Vendor Mailing Address

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_