

YMS Management Associates Inc.

PO Box 968
Peck Slip Station
New York, NY 10272-0968

Direct Deposit Authorization Form

Instructions:

1. Complete all the information below. Sign and date the bottom of the form.
2. Make a copy of this form for your records.
3. **The account used for direct deposit must be in the taxpayer name.** To use a checking account, attach a voided check with the taxpayer name imprinted on it, bank letter or specification sheet. To use a savings account, attach a bank letter or specification sheet that indicates the taxpayer name, routing and account numbers. All bank letters must be signed and stamped by a bank representative.
4. Return the original form, with attachments, to the address above.
5. There may be a two to three pay cycle delay before the direct deposit begins.

Provider ID Number: _____ SS/EIN Number: _____

Last Name (print): _____ First Name (print): _____

Address: _____

Account in the name of: _____

Depository (Bank) name: _____

Depository (Bank) address: _____

Bank Transit (Routing) Number: _____

(at the bottom of your check to the left of your account number)

Check and complete the appropriate section

_____ Checking Account: 100% Account Number: _____

Attach a voided check, bank letter or specification sheet; see instructions 1-5 above. Deposit Tickets are not accepted.

_____ Savings Account: 100% Account Number: _____

Attach a bank letter or specification sheet; see instructions 1-5 above. Deposit Tickets are not accepted.

Signature: _____ Date: _____

Co-Signature: _____ Date: _____

(If Joint Account)

I hereby authorize YMS Management Associates, Inc. (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorized COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authority is to remain in full force and effect until COMPANY has received written notification from me to terminate in such time and in such manner as to afford COMPANY and BANK a reasonable time to act on it.

Date Signed: _____ Signature: _____