



Direct Deposit Form

Please fill out this form and return to our office at 708 49th Ave., Amana or mail it to PO Box 186, Amana, IA 52203. If you have any questions please call (319) 622-3052.

Please make sure you:

- Fill out the banking information
- Attach a voided check
- Designate checking or savings account
- Sign and date the form

Your payment will be automatically deducted from your account each month on the 25th unless the 25th falls on a weekend or holiday, then it will be taken out of your account on the next working day. It will never be taken out before the 25th.

Account Name _____ **Account #** _____

I (WE) HEREBY AUTHORIZE THE AMANA SOCIETY SERVICE COMPANY TO INITIATE VARIABLE ENTRIES TO MY (OUR) CHECKING OR SAVINGS ACCOUNT INDICIATED BELOW.

Financial Institution's Name _____

City _____ **State** _____ **Zip** _____

Checking Account # _____

(or)

Savings Account # _____

Routing # _____

(FOUND ON BOTTOM OF CHECK)

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE AMANA SOCIETY SERVICE COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US, FOR A JOINT ACCOUNT) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER TO AFFORD THE AMANA SOCIETY SERVICE COMPANY A REASONABLE OPPORTUNITY TO ACT ON IT.

Full Name _____ **Phone #** _____

Signature _____ **Date** _____