



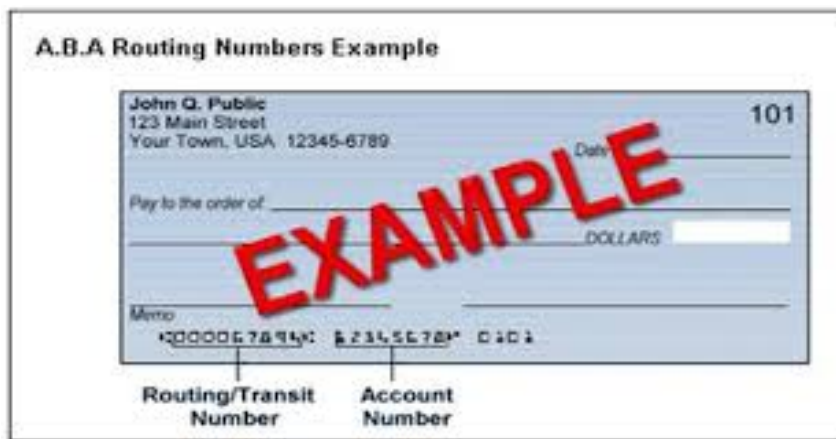
DIRECT DEPOSIT AUTHORIZATION

Please complete ALL the information below.

Name:

Address:

City, State, and Zip:



Name of Bank:

9-Digit Routing /
Transit Number:

Account Number:

Type of Account: (Check One)

Checking

Savings

Attach a voided check for the bank account to which funds will be deposited.

SYAA is hereby authorized to directly deposit my wages (for employees) or fees (for contractors) to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: _____

Date: