

DIRECT DEPOSIT FORM

This is an authorization agreement for automatic deposits (ACH Credits).

COMPANY / EMPLOYER

I authorize the above-named **Company/Employer** and the financial institution listed below to initiate credit and, if necessary, debit entries and adjustments to my One VIP Visa Prepaid Card account.

BANK NAME

Stride Bank N.A.

ROUTING NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until my **Company/Employer** has received written notification from me of its termination in such time and in such manner as to afford my employer and my financial institution a reasonable opportunity to act on it.

PRINT NAME

SSN#

SIGNATURE

DATE

Return this completed form to your Company/Employer