
Direct Deposit Form

Please fill out completely.

Print, attach check (for verification) and **fax (866)738.4435** or **email - mek@see-amc.com**
If you prefer to **mail** it please send a copy of a voided check from your account for verification.

Name on Account: _____

Type of Account: _____

Bank Name: _____

Routing #: _____

Account Number: _____

Signature of authorization
for direct deposit: _____

Attach copy of voided check here.