

# Basic Marketing Services

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## Direct Deposit Enrollment Form

Please print clearly and answer every question. You must attach a voided check. Once complete fax to 516-249-1913 or mail to P.O. Box 160, Old Bethpage, NY 11804.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank's ABA Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Please circle one of the following:                      checking                      savings

### Authorization

*I hereby authorize Basic Marketing Services to initiate credit or debit entries (in the event of error) or adjustments if necessary, to my checking or savings account at the financial institution listed on my Direct Deposit Enrollment Form. I further authorize the financial institution named in the Enrollment Form to credit or debit such account. I understand that this authorization remains in effect until Basic Marketing Services receives notification from me to terminate the authorization.*

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**Signature**

**Date**

For Checking Accounts  
Attach Voided Check Here