



YOUTH LEADERSHIP INSTITUTE

Use Your Voice

Bank Direct Deposit Payment Request

EFFECTIVE DATE: _____

VENDOR/YOUTH NAME: _____

NAME ON BANK ACCOUNT (IF DIFFERENT): _____

VENDOR/YOUTH ADDRESS INCLUDING CITY, STATE, ZIP CODE: _____

VENDOR/YOUTH CONTACT EMAIL (REQUIRED): _____

NAME OF BANK: _____

BANK ACCOUNT NUMBER: _____

**NOT DEBIT CARD NUMBER*

BANK ROUTING NUMBER (9 DIGITS): _____

I HEREBY AUTHORIZE THAT THE ABOVE BANK ACCOUNT INFORMATION BE USED TO SET UP THE ELECTRONIC DIRECT BANK DEPOSIT OF MY PAYMENT(S) AS OF THE EFFECTIVE DATE NOTED. I UNDERSTAND THAT IF THE INFORMATION I PROVIDE IS NOT CORRECT, PAYMENT MAY BE DELAYED AND I WILL NOT HOLD YOUTH LEADERSHIP INSTITUTE ACCOUNTABLE.

AUTHORIZING SIGNATURE: _____

PRINT NAME: _____

DATE SIGNED: _____