



# YOUTH LEADERSHIP INSTITUTE

Use Your Voice

## Direct Deposit For Payment Request

EFFECTIVE DATE: \_\_\_\_\_

VENDOR/YOUTH NAME: \_\_\_\_\_

NAME ON BANK ACCOUNT (IF DIFFERENT): \_\_\_\_\_

VENDOR/YOUTH ADDRESS INCLUDING CITY, STATE, ZIP CODE: \_\_\_\_\_

VENDOR/YOUTH EMAIL (REQUIRED): \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION (BANK, VENMO, PAYPAL, CASHAPP, ETC.):

ACCOUNT NUMBER: \_\_\_\_\_

*\*NOT DEBIT CARD NUMBER*

ROUTING NUMBER (9 DIGITS): \_\_\_\_\_

*I HEREBY AUTHORIZE THAT THE ABOVE FINANCIAL INSTITUTION ACCOUNT INFORMATION BE USED TO SET UP THE ELECTRONIC DIRECT 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: \_\_\_\_\_