



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 (**REQUIRED**): _____

**NOT DEBIT CARD NUMBER*

ROUTING NUMBER (9 DIGITS) (**REQUIRED**): _____

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: _____