

DIRECT DEPOSIT FORM

EZ Steps:

- 1.) Find a blank check
- 2.) Write VOID across the check
- 3.) Tape the check on-top of the image below
- 4.) Fill out the rest of this form
- 5.) Fax this form to Melinda Segaar

FAX: 877-376-4132

VOID

Pay to the Order of _____ \$ _____ Dollars

Date _____

56-8065/2412 01

Dover-Phila
FEDERAL CREDIT UNION
Financial Services With A Difference

For Routing Number _____ Account Number _____ Check Number _____

⑆ 241280650⑆ 000000000⑆ 000⑆

GUARDIAN SAFETY BLUE™ WS

I hereby authorize Onyx M.D. to initiate credit or debit entries to my account with the Financial Institution and account indicated on the check.

Provider Signature

Provider Printed Name

Date