



## DIRECT DEPOSIT AUTHORIZATION CHANGE FORM

### SECTION 1: (PLEASE ENSURE THIS SECTION MATCHES YOUR CURRENT USER PROFILE)

User Name: \_\_\_\_\_ This is your unique account identifier  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

### SECTION 2: New Receiving Bank / Account Details

Account Name: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Financial Institution Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_

I hereby authorize Municipal Intercept Services LLC to verify this authorization form against all available information for completeness and accuracy. Please note that any changes to the banking information should be communicated to Municipal Intercept Services in writing and include a new original voided check.

### Authorized Signature ONLY:

**AUTHORIZATION:** \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

 Please attach an original voided check

**Return To:**  
Municipal Intercept Services LLC  
P.O. Box 1270  
Montgomery AL 36102