

DIRECT DEPOSIT AUTHORIZATION FORM

Before completing this form, check with your company's Payroll Department or the appropriate Government agency for direct deposit availability. **Once this form is complete, please return it to your Company/agency. BNY Brokerage Services cannot set up this service for you.**

1. Investor Information

*Please print all items
except signatures.*

Name

Address

City

State

Zip Code

Phone Number

Social Security Number

2. Deposit Information

*Please indicate the source of
the funds that you would
like credited in your
Brokerage Account.*

☐ Salary

☐ Social Security

☐ Other

3. Amount

*Please indicate the dollar
amount that you would
like deposited in your BNY
Brokerage Account
at each pay period.*

☐ Please deposit \$_____ each pay period.

☐ Please deposit total net pay.

4. BNY Brokerage Account Information:

*Note: If your employer's
Payroll Department or your
Government agency requires
you to use one of their forms
please fill in the following
information and attach this
form to your employer's.*

*This form may be attached in
place of a "voided" Brokerage
Account check or deposit slip.*

Brokerage Account number:

1 2 5 0 0 0 0 0 - - - - -

Transit Routing number:

0 2 1 0 0 0 0 1 8

Account type: **Checking**

Financial Institution: **The Bank of New York Mellon**

The funds you authorize will be received by Pershing, LLC, a subsidiary of The Bank of New York Mellon Corporation, clearing agent for BNY Brokerage Services.

5. Signature:

Signature

Date