



Please send this form to:
Universal Services
427 Kings Hwy Ste 1
Brooklyn, NY 11223
Tel. 866-734-5309
FAX: 718-285-3552
services@universal13group.com

Direct Deposit Authorization

Personal Information

Full Name: _____

Employer: _____

Last four digits of SSN#: _____

Bank Name: _____

City, State, Zip: _____

Routing Number: _____

Account Number: _____

Type of Account (Checking or Savings): _____

Where to Find the Routing and Account Number

The Routing Number is the nine-digit number on the bottom left hand corner of your check.

The Account Number is located to the right of the Routing Number:

If you are unsure about where the Routing Number and Check Number are, please attach a voided check.

Employee Certification

Employee Signature: _____

Date: _____

By signing above I authorize Universal Services to initiate debits and/or credits to or from my bank account indicated above. Debits will only be initiated in order to correct a prior reimbursement error.

My authorization will remain in effect until I provide a written notification of the termination of this Authorization or change my direct deposit information on-line. A reasonable amount of time will be provided for Universal Services to apply any changes requested.