

# AUTHORIZATION FOR DIRECT DEPOSIT

I \_\_\_\_\_ authorize \_\_\_\_\_ (company/employer) and my financial institution listed below to initiate electronic credit/deposit entries, and if necessary, debit entries and adjustments for any credit entries done in error to my:

(select one)  
\_\_\_ **checking account**                      \_\_\_ **savings account**

This authority will remain in effect until I have cancelled it in writing in such manner as to afford COMPANY/EMPLOYER and it's Financial Institution a reasonable opportunity to act on it. I acknowledge that the origination of the ACH transaction(s) to my account must comply with the provisions of U.S. law.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Name (print)

MERCANTILE BANK OF MICHIGAN  
Financial Institution name (please print)

\_\_\_\_\_  
My signature

310 LEONARD ST NW  
Bank Address

\_\_\_\_\_  
Account number at Financial Institution

GRAND RAPIDS                      MI                      49504  
City                                      St.                      Zip

072413829  
Bank Transit Routing Number (located at bottom of check)

**PLEASE STAPLE VOIDED CHECK HERE:**

Office use only: \_\_\_\_\_

-----                      -----                      CK/SV \_\_\_\_\_  
Transit Rounting Number                      Account Number                      Date

**have employee/member verify with their bank for correct Routing Number if using a savings acct. and/or Deposit ticket)**