VAFR Direct Deposit Authorization Form

Please print and complete ALL the information below.
Name:
Address:
City, State, Zip:
John Jones 124 Main Street Arrywhere, MA 02345 Pay to the order of: Pay to the order of: Dollars Dollars Dollars O259 Account Routing Number Number (1-17 digits) Check Number (do not include)
Name of Bank:
Account #:
9-Digit Routing #:
Type of Account: ☐ Checking ☐ Savings (Check One)
RCG is hereby authorized to directly deposit my reimbursement to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.
Signature:
Date:

Please attach a voided check, if possible.