

# DIRECT DEPOSIT AUTHORIZATION

Please follow the instructions below to initiate the direct deposit service.

1. Complete and take this form to your employer's Payroll Department or the appropriate government agency to process the direct deposit request. Pershing LLC cannot establish this service for you.
2. If the payor requires a specific form to establish direct deposit, provide the following information on that form:
  - a. Transit-routing number (see below)
  - b. Account number (you must provide all 17 digits for correct processing)

**NOTE:** Submit this form in place of a voided check or deposit slip.
3. Allow four to six weeks for processing.

## I. ACCOUNT AUTHORIZATION

I want Pershing LLC "Pershing" to receive my direct deposit. I authorize my employer or the designated government agency to make the following payments into my brokerage account indicated below, at Pershing, in the amount per payment noted below.

- SALARY  
 SOCIAL SECURITY  
 OTHER \_\_\_\_\_

## II. AMOUNT TO BE DEPOSITED

The amount to be deposited into my brokerage account by direct deposit is:

- TOTAL NET PAYMENT  
 \$ \_\_\_\_\_ EACH PAY PERIOD

## III. PARTICIPANT INFORMATION (Please print)

NAME: \_\_\_\_\_

NAME OF EMPLOYER OR GOVERNMENT AGENCY: \_\_\_\_\_

SOCIAL SECURITY NUMBER:    -   -

ADDRESS: \_\_\_\_\_ CITY AND STATE: \_\_\_\_\_

## IV. PARTICIPANT SIGNATURE

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

## V. ACCOUNT SET UP

This section has information that is required by your employer or government agency in order to set up the direct deposit.

PLEASE PROVIDE YOUR BROKERAGE ACCOUNT NUMBER IN THE SPACE BELOW.

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**

NAME OF FINANCIAL ORGANIZATION: **BANK OF NEW YORK**