



## Direct Deposit Authorization Form

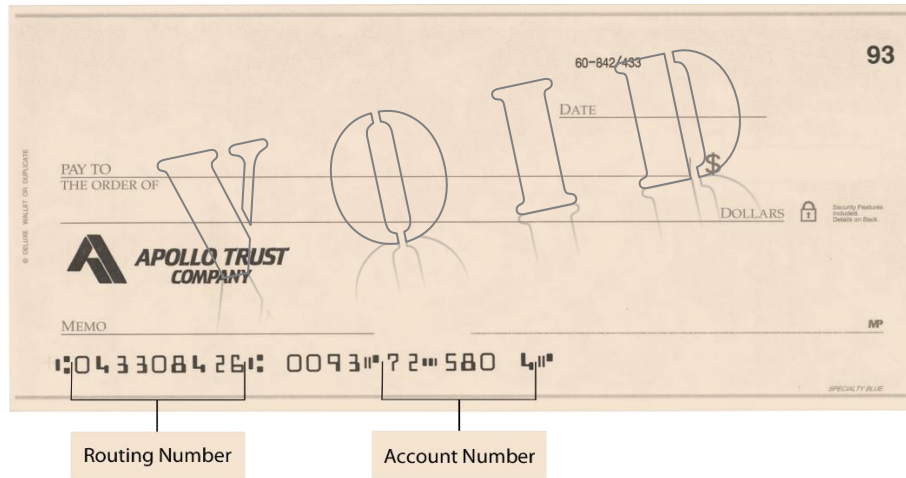
### Authorization Agreement

I hereby authorize automatic deposits to my account at Apollo Trust Company. I also authorize withdrawals from this account in the event that a credit entry is made in error.

### Account Information

Name of Financial Institution: **Apollo Trust Company**  
Address: PO Box 247  
Apollo, PA 15613  
Phone: 724-478-3151  
Account Type: ☐ Checking ☐ Savings  
Bank Routing Number: 043308426  
Account Number: \_\_\_\_\_

### Sample Check



### Signature

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_