

## DIRECT DEPOSIT AUTHORIZATION FORM

U/0/Nwelg'Tgeqxgtu'Dwulpguu'Cuulkuvcpeg'I tcpvgg.

## Receive your payment electronically!

"Vq"r tqxkf g"{qw"c"hcuvgt "cpf "o qtg"ghhlekgpv"r c{o gpv"o gyi qf "r ngcug"eqo r ngvg"yi g"kphqto cvkqp dgnqy "cpf "uki p"wr "hqt"F ktgev"F gr qukx0"Htqo "yi g"r c{o gpv"f cvg"hwpf u"y km'dg"f gr qukxgf "f ktgevn{" kpvq"{qwt"cwyi qtk gf "dcpm'ceeqwpv"y kyi kp"5"dwukpguuu"f c{u"xgtugu"tgegkxkpi "c"ej gem'y kyi kp"7/9" f c{u"d{"o ckr#"Rngcug"eqo r ngvg"cpf "tgwtp"vq"yi g"Uv"Nwekg"Eqwpv{"Hkpcpeg"F gr ctvo gpv0

I hereby authorize St Lucie County to initiate direct deposit credit entries.

This authority is to remain in full force and effect until St Lucie County has received written notification from me of its termination in such time and in such manner as to afford St Lucie County and the financial institution named above a reasonable opportunity to act on it.

Dwukpguu'P cog	
Cfftguu	
Ekv{.''Uvcvg.'\ kr	Vgrgr j qpg
Gockn'Cfftguu'*Tg	$g_{S}$ wkt $gf$ +
DcpmP co g	
Tqwllpi 'P wo dgt	Ceeqwpv'P wo dgt
Ej gem'Dqz	Ej genkpi Ucxkpi u
PLEA	SE ATTACH A COPY OF A VOIDED CHECK FOR BANK VERIFICATION
Cwj qtk gf" Uki pcwtg	
Rtkpv'P co g	F cvg

IN ORDER TO RECEIVE GRANT ASSISTANCE FUNDS, IF ELIGIBLE, THIS FORM MUST BE UPLOADED IN GRANT APPLICATION SYSTEM

For assistance or additional information, please email STLRecoversSBAP2@stlucieco.org