



**Jackson & Coker**  
3000 Old Alabama Road  
Suite 119-608  
Alpharetta, GA 30022

**www.jacksoncoker.com**  
**phone** 800.272.2707  
**fax** 800.936.4562

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**DIRECT DEPOSIT FORM**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Please deposit my payment into the following account:

ACCOUNT TYPE \_\_\_\_\_

TRANSIT/ABA NUMBER

ACCOUNT NUMBER

Checking Account  
(attach a voided CHECK)

Savings Account  
(attach a blank DEPOSIT SLIP)

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize Jackson & Coker to deposit my check each pay period directly into my account of choice. This authorization will activate my direct deposit on the next payment date following receipt by the Accounting Department and remain in effect until I have terminated it in writing or until Jackson & Coker has notified me that this deposit service is no longer available. If I need to make changes to my account selection, I understand that I must give advance notice to allow reasonable time for making these changes. I authorize my bank to honor Jackson & Coker's instructions to refund any amount it has deposited to my account.

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

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