



## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize JAM Post Inc. (JAM Post) to initiate credit entries to my account with the Financial Institution indicated below. This authorization will be in effect until JAM Post receives a written termination notice from myself and has a reasonable opportunity to act on it. I understand this authorization is for payment for editing services.

Financial Institution Name: \_\_\_\_\_

Routing # (9 digits): \_\_\_\_\_

Account Number #: \_\_\_\_\_

Type of account:    \_\_\_\_\_Checking \_\_\_\_\_Savings

Please attach a *voided check* for checking account OR a *savings deposit slip* for savings account.

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

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

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

Please mail form to:  
JAM Post  
18625 E Spring Lake Dr. SE  
Renton, WA 98058

or fax to: 1-866-245-5075

or scan and email to: [julia@jamp.com](mailto:julia@jamp.com)