



DIRECT DEPOSIT AUTHORIZATION FORM

The Wild Ramp
555 14th Street West
Huntington, WV 25701
304-523-7267
accounting@wildramp.org

Name on Account: _____

Mailing Address: _____

City, State, Zip: _____

Name of Bank: _____

Account #: _____

9- Digit Routing Number: _____

Amount: \$ _____ **OR** _____ **%**

Type of Account: _____ **(Checking or Savings)**

*ATTACH A VOIDED CHECK FOR EACH BANK ACCOUNT TO WHICH FUNDS
SHOULD BE DEPOSITED*

**THE WILD RAMP IS HEREBY AUTHORIZED TO DIRECTLY DEPOSIT MY PAY
INTO THE ACCOUNT LISTED ABOVE. THIS AUTHORIZATION WITH REMAIN IN
EFFECT UNTIL I MODIFY OR CANCEL IT IN WRITING.**

VENDOR SIGNATURE: _____ **DATE:** _____