



Direct Deposit Enrollment Form

Axiom Bank, N.A.
(800) 584-0015
customerservice@axiombanking.com

Account Information

| | | | |
|-------------|------------------|-----------------------|-----------------------|
| Name | Bank Name | Routing Number | Account Number |
| _____ | _____ | _____ | _____ |

Amount (Choose one)

Deposit Percentage (1-100%):

_____ %

Deposit Amount (\$ Dollar Amount):

\$ _____

Voided Check

| | |
|---------------------------|---|
| Axiom Bank, N.A. | 1234 |
| DATE: _____ | |
| PAY TO THE ORDER OF _____ | \$ |
| _____ DOLLARS | |
| MEMO _____ | |
| 063192874 | 1234 |

Authorization

I authorize _____ to initiate credit entries, and, if necessary, to initiate any debit entries to correct a previous credit error, to my AxiomGO account.

I understand with this authorization replaces any previous authorization and will remain in effect until my employer receives written notification from me of its termination.

SIGNATURE

DATE

Banking services provided by Axiom Bank, N.A., Member FDIC. Direct deposit capability is subject to payor's support of this feature. Confirm with your payor to find out when the direct deposit of funds will start. Funds availability is subject to timing of your payor's funding. The recipient's name on any deposits received must match the name of the AxiomGO Accountholder. Any deposits received in a name other than the name registered to the AxiomGO Accountholder will be returned to the originator.

