



HHEX DIRECT DEPOSIT / ON-LINE STATEMENT ELECTION FORM

Name: _____

Mailing Address: _____

E-mail: _____

DIRECT DEPOSIT (ACH)

(Include a void check or account statement)

Financial Institution: _____

Transit /

ABA Routing #: _____ Account #: _____

This authority is to remain in full force and effect until HHEX has received written notification from me of its termination in such time and manner as to afford HHEX and the bank a reasonable opportunity to act on it.

Print Name: _____

Tax Payer

Identification #: _____

Signature*: _____

Date: _____

Signature*: _____

Date: _____

(Joint Owner, if applicable)

*Please note that as an added security measure, this/these signature(s) will be compared against in-house documentation to verify authenticity.