



# Direct Deposit Authorization

Company/Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security or ID #: \_\_\_\_\_ Email: \_\_\_\_\_

For all manual expense reimbursement claims submitted from this point forward, I hereby authorize MOR Strategy Group to initiate a direct deposit to the bank account indicated below in lieu of issuing a physical check. I authorize credit entries and, if necessary, debit adjustments for any credit entries made in error to my account.

Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Transit ABA Routing # (9 digits): \_\_\_\_\_

John Doe 123 Main Street Anywhere, USA 55439	3448 7-1-945
	Date _____
Pay to the Order of _____	_____ Dollars
For _____	
:091000019 :3564895891" 3448	

Checking       Savings

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Your email address is required in order to receive direct deposit transaction information. This is sent ONLY via email - no documentation will be mailed to your home address. Direct deposits will appear on your bank statement as "Consociate Group Claim Reim"

Email, fax or mail this completed form to [GetMOR@Consociate.com](mailto:GetMOR@Consociate.com)