



**DIRECT DEPOSIT
AUTHORIZATION
FORM**

U0Nwekg'Tgeqxtu'Dwukpguu'Cuukucpeg'I tcvvgg.

Receive your payment electronically!

"Vq'r tqxkf g" { qw'c'hcugt "cpf "o qtg"ghlekpv'r c { o gpv'o gj qf "r rncug"eqo r rvg"y j g'kphqto cvkp dgrqy "cpf "uki p'wr 'hqt'F kt gev'F gr quks'0'Htqo "y j g'r c { o gpv'f cvg'hwpf u'y km'dg'f gr qukgf 'f kt gev' " kpv" { qwt "cwj qt k gf "dcpm'iceeqwpv'y kj k p'5'dwukpguu'f c { u'xgtugu'tgegkxkpi "c'ej gen'y kj k p'7/9" f c { u'd { "o ck#"Rncug"eqo r rvg"cpf "t gwtp "vq"y j g'U'Nwekg'Eqwpv' { 'Hkpcpeg'F gr ctwo gpv0

I hereby authorize St Lucie County to initiate direct deposit credit entries.
This authority is to remain in full force and effect until St Lucie County has received written notification from me of its termination in such time and in such manner as to afford St Lucie County and the financial institution named above a reasonable opportunity to act on it.

Dwukpguu'P co g _____

Cfftguu _____

Ekw'.Ucvg.\ kr _____ Vngr j qpg _____

Go cki'Cfftguu'*Tgs wkt gf + _____

Dcpm'P co g _____

Tqwkpi 'P wo dgt _____ Ceeqwpv'P wo dgt _____

Ej gen'Dqz Ej gen'kpi Ucxkpi u

PLEASE ATTACH A COPY OF A VOIDED CHECK FOR BANK VERIFICATION

Cwj qt k gf " Uki pcwtg _____

Rtkpv'P co g _____ F cvg _____

**IN ORDER TO RECEIVE GRANT ASSISTANCE FUNDS, IF ELIGIBLE,
THIS FORM MUST BE UPLOADED IN GRANT APPLICATION SYSTEM**

**For assistance or additional information, please email
STLRecoversSBAP2@stlucieco.org**