



This will authorize the SMART Transportation Division to directly deposit local funds that are collected under the *Direct Receipts* billing system to the designated financial institution indicated below based on the following terms:

PLEASE RETURN THE COMPLETED FORM TO THE INTERNATIONAL OFFICE  
ATTENTION: KRISTEN WHELAN

Local: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Transit ABA/  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

A template for a check form. It includes fields for NAME, ADDRESS, CITY, STATE, ZIP; DATE; PAY TO THE ORDER OF; \$ amount; BANK NAME, ADDRESS, CITY, STATE, ZIP; and FOR. At the bottom, there is a MICR line with labels for Bank Routing Number, Bank Account Number, and Check Number. The form is light blue with black text and lines.

NAME \_\_\_\_\_ 0123  
ADDRESS \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_ 01-2345/6789  
DATE \_\_\_\_\_  
PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
BANK NAME \_\_\_\_\_ DOLLARS  
ADDRESS \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_  
FOR \_\_\_\_\_  
⑆0⑆2345678⑆ ⑆0⑆234567890⑆23⑆ ⑆0⑆23  
Bank Routing Number      Bank Account Number      Check Number

PLEASE SUBMIT A VOIDED CHECK WITH THIS AUTHORIZATION FORM

**AUTHORIZATION**

Treasurer (Print): \_\_\_\_\_

Treasurer (Signature): \_\_\_\_\_

Date: \_\_\_\_\_