



## INTERN STIPEND DIRECT DEPOSIT FORM

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

\_\_\_\_\_ **Yes**, sign me up for direct deposit. Complete the **entire form** below to authorize.

\_\_\_\_\_ **No**, mail my stipend check mailed to me via USPS. Complete **mailing section only**.

### Mailing Information:

First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

### Banking Information:

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

Account # \_\_\_\_\_

Account is a (circle one):    checking account        savings account

ABA Routing # \_\_\_\_\_

I confirm the above information is correct and authorize The Arc Minnesota to issue my stipend via direct deposit to the bank/account above.

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Accounts Payable Purposes Only:

Accounts Payable Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Supplier #: \_\_\_\_\_