

Direct Deposit Enrollment Form

Please provide the information requested. Any incomplete or partially completed forms cannot be processed and may delay payment. If you have questions, please call the NEON Finance Department at 1-800-237-6828.

Section 1: Select an account

I want my FSS payments deposited into **ONE** of the following accounts:

Select One:

- Checking – Attach copy of a voided check: REQUIRED**
- Savings**
- Pre-paid credit or debit card***

Section 2: Deposit Information

Name of Bank _____

Routing Number* _____

Account Number* _____

Copy of a voided check REQUIRED for checking accounts

* Please note: Routing and account numbers are NOT located on pre- paid credit or debit cards. You will need to call the customer service number on the back of your card to obtain the routing and account numbers.

Section 3: Demographic Information

Print Name _____

Social Security Number _____ - _____ - _____

Street Address _____

City, State, Zip Code _____

Phone Number (to reach you if there is a problem or question) _____

E Mail _____

Section 4: Authorization to Deposit Funds

I hereby authorize NEON to initiate credit entries to my account indicated above and PNC Bank to credit the same to such account.

Signature

Date

This form should be returned to the North East Ohio Network by mail, email or fax.

Address: 5121 Mahoning Ave, Austintown Ohio 44515

Email: cuyfss@neoncog.org Fax: 855-336-6968