Stimulating Minds through Entrepreneurship and Leadership (SMEL), Inc.

STUDENT / LEGAL GUARDIAN DIRECT DEPOSIT AUTHORIZATION FORM

Please check one of the following boxes; you MUST indicate which action you are requesting.		
☐ This is a NEW direct deposit application.		
☐ This is a CHANGE in the direct deposit of my profit from SMEL's entrepreneurship challenge(s) to the account identified below.		
☐ This is to CANCEL the direct deposit pay	ment method	and issue a check.
Name		
SMEL Membership ID		
Home Phone	_Work Phone	9
Bank/Branch Name		
Branch Phone Number		
Type of Account:		
Checking: Include a VOIDED blank checking deposit will be made. Starter checks are account. The name on your checking a student, caregiver, parent, and/or guar	not accepted. ccount MUS 1	Your name must appear on the match the name of the primary
Savings: Have your bank provide the ap letterhead signed by a bank representative account. The name on your checking a student, caregiver, parent, and/or guar	ve. Your name	must appear in the letter and on the match the name of the primary
I authorize Stimulating Minds through Endeposits to the account listed above untiand will allow Stimulating Minds through reasonable time to process the cancellatiaccount, I authorize Stimulating Minds the deduct the amount of the error from my and the strong management of the error from my and the strong management of the error from my and the strong management of the error from my and the strong management of the error from my and the strong management of the error from my and the strong management of the error from my and the strong management of the error from my and the strong management of the error from my and the error fro	I further notice Entrepreneution. If funds a rough Entrep	ce. Such notice will be in writing, rship and Leadership, Inc. are mistakenly deposited into my breneurship and Leadership, Inc. to
Your Signature:		Date:
Print Your Name:		
When completed and signed, mail or e-mail this authorization form and paperwork to:		
Mail to: SMEL PO Box 32404 Jamaica, NY 11432	OR	E-mail to: hr@smelny.org

This form can be viewed and downloaded by visiting www.smelny.org