



**Footlite Musicals, Inc.**  
**Direct Deposit Authorization Form**

**Instructions**

- 1) Please complete all information below and sign the form.
- 2) Submit Direct Deposit Authorization with your first expense reimbursement form. You will not need to resubmit this form again unless your bank information or address changes.

**Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_ **Type** \_\_\_\_\_  
*Checking or Savings*

I authorize Footlite Musicals and my bank to automatically deposit my expense reimbursement into my account listed above. This authorization will remain in effect until I give written notice to cancel it.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**