

# Direct Deposit Authorization for Government Benefits

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize the direct deposit of my government benefits into my bank account.

## Bank Information:

- Bank Name: [Your Bank Name]
- Account Number: [Your Account Number]
- Routing Number: [Your Routing Number]
- Type of Account: [Checking/Savings]

This authorization is to remain in effect until I provide written notice to terminate my direct deposit.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]