



SWASHODHAN TRUST

(Regn. No. 286/2017 12 A and 80 G approved)

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www.swashodhan.org

Date:

Direct Deposit Authorization Form

By completing this form, you consent for [company name] to deposit your wages, minus applicable taxes, directly into your bank account on monthly basis.

This form is not valid without the signature of the accountholder.

Name:

Address City State ZIP:

Phone No.:

Aadhar No.:

PAN No.:

Signature

Banking Information

Bank Name:

Account Number: _____

Routing Number: _____

Address of Financial Institution:

[Type here]

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