



Direct Deposit Information Form

This form is for U.S. bank accounts only

Please electronically complete or clearly print the required fields below:

Date _____

Payee Information

Name _____ SSN/EIN (Last 4 digits) _____

Street Address _____ City _____ State _____ ZIP _____

Contact person (if different than above) _____

Contact email address _____ Telephone number _____

Financial Institution Information

Bank Name _____ Bank Routing Number _____

Account Number _____ Name on Account _____

Checking Savings

***To Electronically Complete The Form:**

(A) Complete all fields.

(B) Save the completed form.

(C) Add Attachment and email completed form to the group or person that requested your services.

(D) If this is a change of information, this form should be emailed to apsupplier@lifeway.com

(E) Questions: Contact Doug Pack at (615)251-5728 or doug.pack@lifeway.com