



Delux Partner Direct Deposit Form

CONTACT INFORMATION

Company Name: _____

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Street Address: _____

Apt/Suite #: _____

City: _____ State: _____ Zip Code: _____

Date: _____

Banking Information

Account Type _____

Bank Name: _____

Routing Number: _____

Account Number: _____