



## Account Verification Form for Direct Deposit

Date: \_\_\_\_\_

### ACCOUNT HOLDER

Name: \_\_\_\_\_ Social Security Number: \*\*\*-\*\*-\_\_\_\_\_

*I represent that all the information provided is accurate and hereby authorize the release of the requested information.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACCOUNT INFORMATION

THIS SECTION MUST BE COMPLETED BY THE FINANCIAL INSTITUTION

Name: NSPIRE FCU      Address: 501 W Merriman Sinton TX 78387

Deposit Account:

Type: Checking/Draft

**Account Number:**

**Routing Number: 314989095**

Additional Information and Comments: N/A

**Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: Kayla Morin

Title: Operations Admin Email:

Phone Number: 361-364-3683 ext 106

k.MORIN@NSPIREFCU.com