



## INSTRUCTIONS FOR COMPLETION OF DIRECT DEPOSIT SIGN-UP FORM

*(Numbers correspond with numbered form on next page)*

1. Insert the name of the Payee that is requesting direct deposit into his/her/its account.
2. Insert the address of the Payee. This will be the address for all mailed correspondence.
3. Insert the city, state, and zip code for the address in No. 2.
4. Insert the name of the person or entity entitled to payment on the account into which the funds are to be transferred.
5. Insert the Staplcotn Account Number that is being affected by the direct deposit request.
6. Indicate the type of account into which the funds will be direct deposited. Only mark one box.
7. Insert the complete **SEVENTEEN (17) DIGIT** depositor account number. This field is left justified, and some banks do not use the complete seventeen digits.
8. Have the Payee or its duly authorized representative to execute the form authorizing the direct deposit of that person or entity's funds to the identified account.
9. Insert the complete name, address, city, state, and zip code for the financial institution into which the funds will be direct deposited.
10. Have the bank listed in No. 9, above, to insert its complete ROUTING INSTRUCTIONS. This section is to be completed by the bank.
11. The bank should insert its loan number or other number that would identify the account if a lienholder is involved.
12. Print the name of the Bank representative who will execute the form.
13. Have bank representative to sign the form.
14. Insert bank's telephone number.
15. Insert date on which the bank executed the form.
16. Person requesting direct deposit of funds must attach a VOIDED check to the instructions. This will allow Staplcotn to verify the account information.

**NOTE 1:** When printing the form, always print Page 1, and then print Page 2 on the back of Page 1.  
**Any form submitted without Page 2 printed on the back cannot be processed.**

**NOTE 2:** If the Payee has a LIENHOLDER, the Payee and Lienholder **must** execute a **Lienholder Direct Deposit Request Form.**

# STAPLCOTN

## Direct Deposit Sign-up Form

### DIRECTIONS

1. To sign up for direct deposit of your Staplcotn payments, fill in the information requested in Sections 1 and 2.
2. Take or mail this form to your bank. Your bank should verify the information in Sections 1 and complete Section 2.
3. The completed form should be mailed to Staplcotn.
4. Each payee who desires to have payments made by means of direct deposit must complete a separate form.
5. Attach a voided check for the account to which this direct deposit is to be made. A check must be submitted with this form.
6. Payee must keep Staplcotn informed of any address or payee changes in order to receive.
7. If the account is subject to a lien, direct deposits must be with the lienholder's written consent.

#### SECTION 1 (TO BE COMPLETED BY PAYEE)

NAME OF PAYEE <div style="text-align: center;">①</div>	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING (22) <input type="checkbox"/> SAVINGS (32) <div style="text-align: center;">⑥</div>																				
ADDRESS (Street, Route, P. O. Box) <div style="text-align: center;">②</div>	DEPOSITOR ACCOUNT NUMBER (See Section 2) <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> <div style="text-align: center;">⑦</div>																				
CITY STATE ZIP <div style="text-align: center;">③</div>	PAYEE/JOINT PAYEE CERTIFICATION <small>I certify that I am entitled to the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorized my payment to be sent to the financial institution named below to be deposited to the designated account.</small> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 70%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 20%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>SIGNATURE</span> <span>DATE</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 70%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 20%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE</span> <span>DATE</span> </div>																				
NAME OF PERSON(S) ENTITLED TO PAYMENT <div style="text-align: center;">④</div>		<div style="text-align: center;">⑧</div>																			
STAPLCOTN ACCOUNT NUMBER <div style="text-align: center;">⑤</div>																					

#### SECTION 2 (TO BE COMPLETED BY BANK)

NAME AND ADDRESS OF FINANCIAL INSTITUTION <div style="text-align: center;">⑨</div>	ROUTING NUMBER <div style="text-align: center;">⑩</div>	CHECK DIGIT <div style="text-align: center;">⑪</div>
LIENHOLDER'S LOAN NUMBER (RIGHT JUSTIFIED/ZERO FILL LEFT) <div style="text-align: center;">⑪</div>		
BANK CERTIFICATION <small>I confirm the identity of the above-named payee(s) and the account number and title. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance the instructions contained herein.</small>		
PRINT OR TYPE REPRESENTATIVE'S NAME <div style="text-align: center;">⑫</div>	SIGNATURE OF REPRESENTATIVE <div style="text-align: center;">⑬</div>	TELEPHONE NUMBER <div style="text-align: center;">⑭</div>
DATE <div style="text-align: center;">⑮</div>		

ATTACH CHECK

ABC PLANTING COMPANY  
123 CR 456  
Greenwood, Mississippi

NO. 100001

\_\_\_\_\_ 20\_\_

Void

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Payee's Account Number

FOR: \_\_\_\_\_

ABC PLANTING COMPANY, PARTNERSHIP

1570872 012545678 5000600775

\_\_\_\_\_  
AUTHORIZED SIGNATURES

(See Reverse Side for additional terms.)

## PLEASE READ CAREFULLY

### **Requirements for Participation in Direct Deposit**

In order to participate in Staplcofn's Direct Deposit program, you must fill out the form on the reverse side. Registration in the program provides Staplcofn with the critical information needed to make direct deposits to your account.

You understand that banks routinely rely on account numbers in executing direct deposits. Accordingly, if you issue an instruction to us in which the name and account number identify different persons, we may rely upon the account number as the proper designation of the recipient.

If you issue an instruction to us in which you identify a name and a number, and the name and number identifies a person or account other than that which you intended, you understand that we may rely upon the number in your instruction as the proper designation. Accordingly, you agree to compensate us for any loss and expense incurred by us as a result of such reliance on such number in executing or attempting to execute your direct deposit.

When your instructions for direct deposit form are received, Staplcofn will initiate the direct deposit process by processing a "pre-note" or pre-notification transaction at least ten (10) business days prior to the first transmission of an actual deposit. Such transactions are actually "zero dollar" or dummy transactions used to test the accuracy of the account information that you have provided to Staplcofn before any actual deposits are made. During the pre-note time period, paper checks will be issued for any payments that are processed.

### **Joint Account Holders**

Staplcofn shall not be responsible to see to the application of any funds placed into a joint account. Any funds placed into the joint account shall be deemed paid to and for the payee whose name appears on the reverse side of this form.

### **Changing Receiving Bank or Financial Institution**

The payee's instruction for direct deposit shall continue to be received by the selected financial institution until Staplcofn is notified by the payee that the payee wishes to change the bank receiving the direct deposit. To effect this change, the payee will complete and forward to Staplcofn a new direct deposit form for the newly selected bank. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new bank receives the payee's direct deposit.

### **Cancellation**

This instruction shall remain in full force and effect until written notice of its discontinuance shall be actually received from said payee. The death of the payee shall not terminate this instruction until notice of any such death, dissolution or withdrawal shall have been actually received by Staplcofn.

### **Limit of Liability**

Staplcofn will be liable only for our own gross negligence or willful misconduct and will not be responsible for any loss or damage arising from or in connection with (1) any inaccuracy, act or failure to act on the part of any person not within our reasonable control, or (2) an error, failure or delay in execution of any Entry resulting from circumstances beyond our reasonable control, including, but not limited to any inoperability of communications facilities or other technological failure. Provided we have complied with our obligations under this Agreement, you agree to indemnify and hold us harmless against any claim of a third party arising from or in connection with this Agreement or the services we provide hereunder.

We make no warranties, express or implied, in connection with the services we provide to you under this Agreement, including, without limitation, the warranties or merchantability and fitness for a particular purpose.

In no event will we be liable for any consequential, incidental special or indirect losses, damages (including dishonor of checks or other items), or expenses (including counsel fees) which you may incur or suffer by reasons of this Agreement or the services we provide hereunder, whether or not the possibility or likelihood of such loss, damage or expense is known to us.