



# American Maritime Officers Vacation Plan

2 West Dixie Highway, Dania Beach, FL 33004  
Phone: 800-348-6515 Ext 15  
Fax: 954-926-7274

For AMO Vacation Plan Use Only

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

Received By: \_\_\_\_\_

## METHOD OF PAYMENT AUTHORIZATION

Note: Complete this form to authorize the method of payment for Vacation benefit and return to Plan Office. Payment will only be processed if applicant is the account holder on the named bank account indicated below. Once you authorize direct deposit, this will be the primary method of payment. If any banking information changes, please complete a new Method of Payment Authorization form.

PLEASE PRINT

Participant Name: \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MI

Telephone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please select one of the following options to authorize the method of payment for Vacation benefit

- START - Send current and future Vacation benefit checks directly to the bank account I have selected (limit 1 account):
  - CHANGE - Change my financial institution and/or account number
  - STOP - Discontinue Direct Deposit and mail my Vacation benefit check to the address noted on my Vacation Application.
- Type of Account:  Checking OR  Savings (If neither is marked, we will deposit to your checking account)

### Checking Account Information

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
(No P.O. Boxes) \_\_\_\_\_  
Bank ABA Routing #: \_\_\_\_\_  
Your Account #: \_\_\_\_\_

### Savings Account Information

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
(No P.O. Boxes) \_\_\_\_\_  
Bank ABA Routing #: \_\_\_\_\_  
Your Account #: \_\_\_\_\_

Must attach a voided check with name imprinted (no starter checks) if selecting Checking account.  
Must attach deposit slip if selecting Savings account. In the event no other documentation is available, please provide a verification letter on bank letterhead with bank representative signature.  
**DO NOT STAPLE.**

Please tape your voided check or deposit slip here

I hereby authorize the AMO Vacation Plan to initiate deposits to the bank account indicated above. I authorize credit entries and, if necessary, debit entries or adjustments for any credit entries made in error to my account that I am not entitled to. This authority will remain in effect until the AMO Vacation Plan receives a Method of Payment Authorization form discontinuing direct deposit.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date