

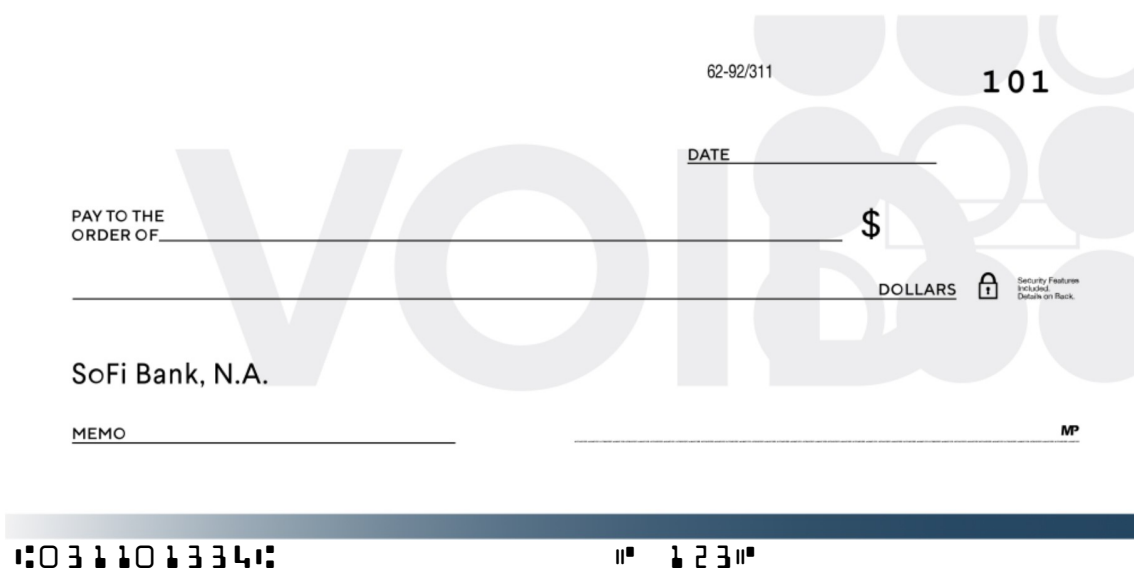
Direct deposit enrollment form

Account information

Name: _____ Financial Institution: _____
 Routing Number: _____ Address: _____
 Account Number: _____

Amount

- Deposit my entire paycheck.
- Deposit \$ dollars of my paycheck.
- Deposit % of my paycheck.



The image of this voided check may be provided to your employer or other payer for no other purpose except to setup direct deposit to your SoFi account.

Authorization

I authorize <<employer>> (employer/payer) to initiate credit entries, and if necessary to initiate any debit entries to correct previous credit errors, to my SoFi account. This authority will remain in effect until I notify my employer or other payer in writing or as otherwise specified by my employer or payer.

Signature

Date