



Direct Deposit Form

Direct Deposit Authorization

This letter is to inform the inquiring party that _____ is a registered CashPass Debit Card cardholder. _____ has agreed to all terms & conditions of the Card product and its issuing bank. By agreeing to these terms & conditions _____ is eligible to receive direct deposit to their CashPass Debit Card account. All direct deposits should be sent to the following bank routing and account number: _____

Account Type: *Checking*
Bank Routing Number: _____
Bank Account Number: _____

Processing Bank: Metropolitan Commercial Bank
99 Park Ave, 4th Fl
New York, NY 10016

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All questions should be directed to CashPass Network at 181 River Ridge Circle South, Burnsville, Minnesota 55337 or by calling 1-877-766-3551

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I _____ authorize you to Direct Deposit my funds to the card account information provided herein.

Account Holder Name/Address

Processing Bank: Metropolitan Commercial Bank
99 Park Ave, 4th Fl
New York, NY 10016

Account Type: *Checking*
Bank Routing Number: _____
Bank Account Number: _____