

Direct Deposit Form

Summit Checking Account



Legal Name: *(please write your full name as it appears on your Summit Account)*

Social Security Number:

Financial Institution: Radius Bank
P.O. Box 55063
Boston, MA 02205-8031

Summit Account Numbers:

Amount per paycheck: *(if you choose flat amount, specify amount)*

account number _____

Net Pay Flat Amount _____

routing number _____

I authorize _____ and the above Financial Institution to deposit my net pay or flat amount automatically into my account each payday, and to initiate any necessary adjustments for entries made in error into my account.

Signature: *(please sign in ink – digital signatures not accepted)*

Date:

Note: Before initiating direct deposit, please ensure your initial deposit has been posted to your account and a debit card in your name has been activated.

If you have any questions, please call Aspiration Customer Support at 1 (800) 683-8529.