

Coogan Trust Deposit Instructions

Date: _____

Name of Employee (minor): _____

Minor's Social Security #: _____

To: Minor's Employer: _____

Address: _____

City, State, Zip: _____

Please direct initial deposit (within 15 days by law) as well as subsequent deposits to:

Name of Financial Institution: _____ **Branch:** _____

Address of Financial Institution: _____

Phone Number of Financial Inst _____

Account Number: _____

Routing Number: _____

Name of Account: _____

**Name of Trustee
(Parent/Guardian):** _____