

Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form

(2) Attach a voided check for a checking account (*not a deposit slip*) and for a savings account, have your bank provide the account and the routing/transit numbers (*it's not usually the number on a deposit slip*)

(3) Return this form to *Respite, Inc.* - P O Box 3380 - Paso Robles, CA 93447

Important! Read, complete and sign the following before submitting your account information.

The undersigned hereby authorizes *Respite, Inc.* to deposit any sums owed to me into the bank or other financial institution account identified below. The undersigned also authorizes my financial institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by *Respite, Inc.*, my financial institution is authorized to return the erroneous payment to *Respite, Inc.* and to debit my account for the same amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing to allow *Respite, Inc.* and my financial institution a reasonable opportunity to act.

Printed Name: _____ Social Security #: _____ - _____ - _____

Worker Signature: _____ Date: _____

Account Information. (*Last item must equal remaining balance*)

1. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings Please deposit: \$ _____. ____ or ____% or Entire Net Pay

2. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings Please deposit: \$ _____. ____ or ____% or Remaining Net Pay

3. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings Please deposit: \$ _____. ____ or ____% or Remaining Net Pay

John & Jane Doe
123 Your Street
Anywhere, USA 12345

Date _____

Pay To The Order Of ATTACH VOIDED CHECK \$ _____

_____ DOLLARS

YOUR BANK
123 Your Bank's Street
Anywhere, USA 12345

Memo _____

&012347678&

123456789/

/2001/

Checking Account # (usually follows the Routing & Transit #)

Routing & Transit # (9 digit number between these two symbols)

Check Number (is not needed to complete this form)

This enrollment form will remain on file as long as the worker is actively providing services and up to three years after.