



Direct Deposit Agreement Form Authorization Agreement

I hereby authorize **Choices In Community Living, Inc.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Choices In Community Living, Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Choices in Community Living, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Choices in Community Living, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Are you currently set-up for Direct Deposit? If yes, go to the next questions. Yes No

Should the current account be removed from your payroll file? Yes No

If no, How much do you want deposited into the new account? _____

Signature

Authorized Signature (Primary) _____ Date: _____

Print Name (Primary) _____

Authorized Signature (Joint) _____ Date: _____

Print Name (Joint) _____

Please attach a voided check or deposit slip and return this for to the Payroll Department.