



Direct Deposit Authorization Form

Instructions:

- The purpose of this form is to enroll in direct deposit or make changes to current direct deposit account(s) and authorize Family Service to deposit all or part of my funds into my account(s).
- Submit completed and signed form to the business office and/or appropriate agency representative.
- A voided check or deposit slip must be submitted for all new enrollments or changes to ensure appropriate verification of account information.

Employee Information

Please complete all fields

Employee Name	Social Security Number
Email Address	Contact Phone Number

I hereby give Family Service permission to deposit all or part of my funds into my account(s) at the Financial Institution stated below. I also give Family Service permission to make adjustments for any incorrect deposits to my account. I further understand that this authorization is to remain in effect until I deliver written revocation to Family Service. Furthermore, I understand that I am solely responsible for the accuracy of the information I am submitting on this document.

Type of Change: New Account Change

Financial Institution Name	Contact Phone Number
Account Number	Routing/Transit/ABA Number

Attach a voided check, or a deposit slip, or a document from your financial institution for account verification purposes.

Employee Signature	Date Signed
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By signing with your printed name, you are agreeing to the contents of this form and agree your printed name is equivalent to your signature.