



# In-Home Respite Direct Deposit Authorization Form

**The authorization form gives Community Living, Inc., and your financial institution authority to deposit your pay to your account. All you need to do is:**

1. Fill in your name and work phone number in the Information section.
2. Under "Authorization for Direct Deposit," check either your savings or checking account that funds will be deposited into.
3. Fill in your financial institution, account number, routing/transit number, and location of your financial institution.
4. Attach a voided check for verification of all financial institution information.
5. Please sign and date the bottom of the form.

## Information

Name: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Authorization for Direct Deposit

I authorize **Community Living, Inc.** to initiate electronic credit entries each pay period to my:

Check one:  Checking Account  Savings Account If necessary, debit entries and adjustments for any credit entries in error to this account. I acknowledge that the origination of ACH transactions to my account and comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

## Direct Deposit Account Information

Financial Institution's Name: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Financial Institution's Routing/Transit Number: \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

## Authorization

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please staple a voided check to the side of this page.**

**Return completed forms to the In-Home Respite Coordinator at the following address:**

**Community Living, Inc.  
c/o In-Home Respite Coordinator  
107 Sheriff Dierker Ct.  
O'Fallon, MO 63366**

**For questions, please call (636) 970-2800. Thank you!**