

Direct Deposit Authorization

NAME _____

EMPLOYER _____

I (we) hereby authorize NorthEast Independent Living Services in conjunction with Farmer's and Merchants Bank and Trust Co to initiate credit entries and to initiate, if necessary, Debit entries and adjustments for any credit entries in error from my Checking/Savings account to the depository named below, to credit and/or debit the same to such account.

CHECKING ACCOUNT (Attach VOIDED check)

Acct #: _____

SAVINGS ACCOUNT (Attach letter from bank on bank letterhead)

Acct #: _____

BANK NAME _____

BANK ADDRESS _____

BANK TELEPHONE () - _____

BANK ROUTING # _____

This authority is to remain in full force and effect until NorthEast Independent Living Services has received written notification from the employee or employer terminating in such time and in such manner as to afford the bank reasonable opportunity to act on it.

I understand that if I work for more than one employer under the CDS Program, I will have to fill out a separate Authorization Agreement for each of them.

Attendant Signature

_____/_____/_____
Date

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Please staple VOIDED check below. If you are applying for Savings Account, please staple a letter from the bank or recent statement to the back of this form.