

**Central Missouri Community Action
Authorization Agreement For Direct Deposit**

I hereby authorize Central Missouri Community Action Agency, hereinafter called Agency, to initiate credit entries to my bank account indicated below and the Bank named below, hereinafter called Bank; to credit the same to such account. If necessary, Central Missouri Community Action Agency may make deductions from my account for any payments credited to my account in error.

Bank Name: _____ City: _____ State: _____
Bank Transit/ABA/Routing #: _____ (Check with your Bank)
Account #: _____
Account Type: Checking * Savings **

This authority is to remain in full force and effect until the Agency and Bank has received written notification from me of its termination in such time and in such manner as to afford the Agency and Bank a reasonable opportunity to act on it.

Name: _____ Social Security #: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

*** Please attach a copy of a check from your account that has been "Voided" here.**

OR

**** Please attach a copy of a deposit slip from your savings account here.**

THIS AUTHORIZATION FORM MUST BE RECEIVED IN THE ACCOUNTING DEPARTMENT BY THE DATE ACTIVITY/ATTENDANCE REPORTS ARE DUE ON THE YEARLY PAYROLL SCHEDULE. THE FIRST MONTH A NEW DIRECT DEPOSIT OR CHANGE TO AN EXISTING DIRECT DEPOSIT IS RECEIVED, THE ACCOUNT NUMBERS MUST BE VERIFIED IN THE BANKS AUTOMATIC CLEARING HOUSE (ACH) SYSTEM. THEREFORE, A CHECK WILL BE MAILED TO THE EMPLOYEE THE FIRST MONTH. THE SECOND MONTH, YOUR PAYCHECK WILL BE DIRECT DEPOSITED IN THE ACCOUNT THAT IS INDICATED ON THIS FORM.