No person shall be discriminated against on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, or any other characteristic protected by federal, state or local law.

***Please attach voided check here or a letter from your financial institution***

 ***Do not use a Starter Check***

**PAYEE**

Payee Name:

Address:

Contact Information:

 Name:

Home Phone No. ( ) Ext:

Cell Phone No. ( )

E-Mail Address:

**These payment instructions are authorized**:

Signature:

Date:

Printed Name:

⁯ Foster Parent ⁯ Adoptive Parent

⁯ Independent Living ⁯ Kinship Caregiver

⁯ Other (Specify)

Yes

Payments will be made under this authorization using the Corporate Trade Exchange (CTX) format with addenda records. The addenda records give remittance information about the payment. You must make arrangements with your bank to receive this information.

No

**YOUR FINANCIAL INSTITUTION**

Bank Name:

Address:

Bank Phone No. ( )

 **Direct Deposit Bank Account Information**

Account Type: Checking Savings

Account Name:

**Is this request a change of account information?**

 Your Account Number – Start at left, leave unused spaces blank

**│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │**

Transit Routing Number of Your Financial Institution

 **│ │ │ │ │ │ │ │ │ │**