***Please attach voided check here or a letter from you financial institution, if this is for a savings account, please provide a letter from your financial institution***

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

**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?**

****

Yes

No

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

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

Transit Routing Number of Your Financial Institution

**│ │ │ │ │ │ │ │ │ │**

**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)