
Direct Deposit/EFT Form

I authorize the Center for Workforce Inclusion to deposit my paycheck and reimbursements to the following account(s):

Primary Account

Checking Account Savings Account Amount: \$ _____

Financial Institution: _____

Address: _____ City _____ State ____ ZIP _____

Account Number: _____ Transit/ABA Number: _____

Secondary Account

Checking Account Savings Account Amount: \$ _____

Financial Institution: _____

Address: _____ City _____ State ____ ZIP _____

Account Number: _____ Transit/ABA Number: _____

Authorization

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Signature: _____ Date: _____

This authorization will remain in effect until The Center receives written notification of modification.

You may elect direct deposit of your payroll check to more than one account by providing the appropriate information for each account.

For a **checking account**, include a voided check printed with your name and address (no deposit slips accepted).

For a **savings account**, include a form from your bank showing the account number and ABA/Routing number.

PLEASE ATTACH VOIDED CHECK OR BANK DOCUMENTATION