

Pikes Peak Respite Services Direct Deposit Authorization Form

(Please Print all information provided below in blue or black ink.)

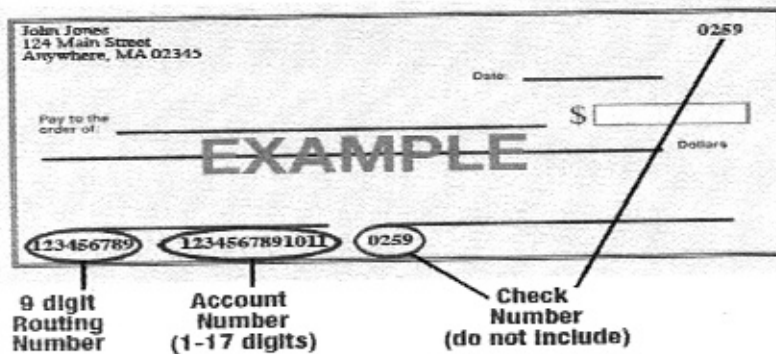
*If declining direct deposit, please include name and address to where checks can be mailed.

*If declining direct deposit, please initial the declination box below, sign and date as well.

Full Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Bank Address: _____

Bank Phone Number: _____

Type of Account: Checking Savings (Please check one)

**Attach a voided check for the bank account to which funds should be deposited.*

Please initial one of the two statements below:

___ Pikes Peak Respite Services is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

___ I decline direct deposit, and want my paycheck mailed to the address above.

Contractor Signature: _____

Date: _____