

OPTIONAL FOR BANKS OR DEBIT CARDS

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT INTO YOUR BANK OF CHOICE

DO NOT FILL OUT IF YOU WANT TO BE ISSUED A WISELY CASH CARD

Employee Name: _____

Social Security Number: _____

Street Address: _____ City _____ State _____ Zip _____

I hereby authorize C.F.S.I. Employment Services to initiate credit entries to my account at the depository institution listed below:

(IF YOU HAVE MORE THAN TWO BANKS PLEASE ASK FOR ADDITIONAL FORMS)

Name of bank:	Phone Number:	City, State, Zip:
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Routing Number:
Account Number:

Please circle one:	
Checking	Savings

PLEASE CHOOSE ONE OF THE FOLLOWING FOR THIS ACCOUNT:

Percentage of net pay:	Fixed amount:	Remainder of check:
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Name of bank:	Phone Number:	City, State, Zip:
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Routing Number:
Account Number:

Please circle one:	
Checking	Savings

PLEASE CHOOSE ONE OF THE FOLLOWING FOR THIS ACCOUNT:

Percentage of net pay:	Fixed amount:	Remainder of check:
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This authority will remain in full force and effect until written notification from me of its termination or change. If an error of under deposit or over deposit is distributed into my account, I authorize Citizens Bank and Trust to make correcting adjustment.

Name: (please print) _____ Date _____

Signature: _____ Email Address _____

In order to activate a direct deposit, PLEASE provide a voided check or a confirmation card from your bank that has the routing and account number listed for verification.

Please, cancel previous deposit and apply the new current deposit information on this sheet.

Signed: _____ Date: _____