



# CONCEPTS OF INDEPENDENCE CONCEPTS OF INDEPENDENT CHOICES

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## DIRECT DEPOSIT AUTHORIZATION

### EMPLOYEE'S AUTHORIZATION:

I hereby authorize Concepts of Independence, Inc. to initiate entries to my account, indicated below, at the depository financial institution named below, hereinafter called, the BANK, and to credit the same to such account.

NAME: \_\_\_\_\_ ID# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This authorization is to remain in full force and effect until Concepts of Independence, Inc. has received written notification, in a manner specified by Concepts of Independence, Inc., and signed by the employee. This written notification of termination must be issued in such time and in such manner as to afford Concepts of Independence, Inc. and the BANK a reasonable opportunity to act upon it.

**ATTACH A COPY OF A VOIDED CHECK HERE (or have your bank complete the authorization at the bottom of this page.)**

*Only provide bank authorization if you do not provide a copy of a voided check:*

**BANK AUTHORIZATION:** The BANK named below agrees to participate in this "direct deposit" system and agrees to provide the following:

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_ ROUTING#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_ TYPE (SAVINGS/CHKNG) \_\_\_\_\_

NAME(S) ON ACCOUNT \_\_\_\_\_

BANK OFFICER'S NAME \_\_\_\_\_ TITLE: \_\_\_\_\_

BANK OFFICER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_