



CONCEPTS OF INDEPENDENCE

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www.coiny.org

Telephone 212-293-9999
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DEBIT CARD AUTHORIZATION

PERSONAL ASSISTANT'S AUTHORIZATION:

I hereby authorize Concepts of Independence, Inc. to transfer my net payroll amount each pay period onto my debit card which will be issued to me by Automated Data Processing Co. ("ADP").

NAME: _____

ID#: _____

SIGNATURE: _____

DATE: _____

This authorization is to remain in full force and effect until Concepts of Independence, Inc. has received written notification of termination, in a manner specified by Concepts of Independence, Inc., and signed by me. The written notice of termination must be presented to Concepts of Independence, Inc. in such time and manner as to afford Concepts of Independence, Inc. a reasonable amount of time to act upon it.