

## Direct Deposit Form

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I wish to have my paycheck by Direct Deposit. I hereby authorize Center for Independent Living Southwest Kansas CILSWKS to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated below and to credit the same to such account. This authority is to remain in full force and effect until ASI has received written notification from me of its termination in such time as to afford CILSWKS and my bank a reasonable opportunity to act on it.

Bank: \_\_\_\_\_  
Routing#: \_\_\_\_\_  
Account#: \_\_\_\_\_  
Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Is this a change to a current authorization? Yes No

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### DIRECT DEPOSIT ACCOUNT VERIFICATION

Please attach a void check or deposit slip in this area so that we may verify your routing and account numbers.

Attach Here

CILSWKS  
Attn: PCA Coordinator  
1802 E. Spruce St.  
P.O. Box 2090  
Garden City KS 67846  
Fax 620 276-3537  
Phone 620 276-1900