1776 West March Lane, Suite 140, Stockton, CA 95207 209.948.1553 frcsj.org

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Family Resource Center to initiate credit entries to my account indicated below. I also authorize debit entries, if necessary, to correct errors so that my net pay and any authorized deductions are correctly transferred to my account. I understand that corrections for overpayments will be made by debiting my account for the full amount of the erroneous credit and crediting my account for the correct amount. The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

NAME: _____
Please print your name as it appears on your bank statement

BANK NAME: _____

ACCOUNT # _____

BANK ROUTING/TRANSIT # _____

SIGNATURE _____

PLEASE NOTE:

FISCAL & CONTRACTS SERVICES/ACCOUNTS PAYABLE DEPARTMENT REQUIRES ONE OF YOUR CHECKS CLEARLY MARKED VOID OR A COMPLETED DIRECT DEPOSIT FORM FROM YOUR BANK.

IF INTERESTED, PLEASE SUBMIT COMPLETED FORM TO:

FAMILY RESOURCE CENTER
Attn: Accounts Payable
1776 West March Lane, Suite 140
Stockton, CA 95207

TO BE COMPLETED BY ACCOUNTS PAYABLE:

PRENOTE DATE _____

ACTIVE DATE _____

ENTERED BY: _____