

# **Direct Deposit**

Please complete and return along with a canceled check to:

The Arc of Oakland County, Inc  
Attn: Accounts Payable  
1641 W. Big Beaver Road  
Troy, MI 48084  
Or fax to: 248.816.3340

I hereby authorize The Arc of Oakland County, Inc. to deposit any amounts owed by initiating credit entries to my accounts at the financial institutions indicated on this form.

This authorization to remain in full force and effect until The Arc of Oakland County and the bank have received written notice from me to terminate.

Name \_\_\_\_\_

Address, City, ST, Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Account Information:**

Direct Deposit #1    \$ \_\_\_\_\_    Direct Deposit #2    \$ \_\_\_\_\_    Direct Deposit #3    \$ \_\_\_\_\_

Checking     Savings

Checking     Savings

Checking     Savings

Bank  
Routing # \_\_\_\_\_

Bank  
Routing # \_\_\_\_\_

Bank  
Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

**You must provide a valid Email Address and phone number:**

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Please note:**

This form requires a voided check or printout with account numbers from your banking institution be submitted before we can process this request.