

# DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize South Central Workforce Investment Board, Inc. to initiate entries to my checking/savings account at the financial institution listed below. This authority will remain in effect until the company is notified by me in writing to cancel it.

If you do not wish to participate in this service, please indicate below; otherwise, complete all necessary bank information.

Note: Any deposit errors must be returned to South Central Workforce Investment Board within 24 hours of discovery. Any funds not returned to South Central Workforce Investment Board will be deducted from subsequent payments.

Printed Name: \_\_\_\_\_

State ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

- Checking
- Savings
- I do not wish to participate in this service at this time.

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