



## DIRECT DEPOSIT AUTHORIZATION

**Attach Voided Check**

**Please verify the routing and account number(s) with your financial institution, as some require special account numbers for direct deposit.**

**Please place an X in the space by your requested authorization.**

\_\_\_ **New Authorization**    \_\_\_ **Change Authorization**    \_\_\_ **Revoke Authorization**

Checking or Savings	Nine Digit ABA Routing No.	Account No.	Bank Name

By signing this form, I hereby authorize Bluebonnet Trails Community Services to:

1. Pay my net earnings, and all other pay due to me by initiating deposit entries to the account(s) at the financial institutions indicated above.
2. Withdraw or correct any amounts deposited to such account(s) in error, without prior notice to me. I will reimburse in full, upon demand, any incorrect amounts deposited into my account(s) which are not recovered by Bluebonnet Trails Community Services.

I understand that Bluebonnet Trails Community Services will use reasonable efforts to make the funds available to the financial institution(s) listed above on the regular payable schedule and that the actual deposit of those funds to my account(s) will be the responsibility of the financial institution(s). Bluebonnet Trails Community Services cannot guarantee that funds will be deposited to my account on a particular day, nor will Bluebonnet Trails Community Services incur any fees or penalties charged by the financial institution(s) for funds that are not deposited to my account on the scheduled payable day. To terminate this authorization, I understand that I must complete and deliver to the assigned Bluebonnet Trails Community Services employee a "Revoke Authorization" request on the proper form. To change accounts and/or financial institutions, I must complete and deliver to the assigned Bluebonnet Trails Community Services employee a "Change Authorization" request on the proper form.

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

Name as listed on contract \_\_\_\_\_

Email address: \_\_\_\_\_

**PLEASE ALLOW ONE TO TWO PAY PERIODS FOR NEW AND CHANGE AUTHORIZATIONS TO BECOME EFFECTIVE.**