

**Authorization Agreement for Direct Deposit  
Lawrence County Community Action Partnership (LCCAP)**

*Lawrence County Social Services, Inc. & Head Start  
United Community Services, Inc.  
Allied Coordinated Transportation Services, Inc.*

I hereby authorize the above named Corporation to initiate entries to my accounts indicated below (or as shown on the attached voided check or deposit ticket) and, if necessary, make any adjustments needed to correct entries made in error, and the depository named below (or as show on the attached voided check or deposit ticket) to credit and /or debit the same to such account(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations. (Terms and Conditions can be found on the reverse page.)

EMAIL \_\_\_\_\_

Name as it appears on W9: \_\_\_\_\_ Telephone \_\_\_\_\_

**I. Complete Depository Information OR attach a voided check or deposit ticket**

Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing No.: \_\_\_\_\_ Account Type:  Checking

Account No.: \_\_\_\_\_  Savings

**II. Sign and Date**

This authorization is to remain in effect until the Corporation has received written notification from me of its termination in such time and in such manner as to afford it a reasonable opportunity to act on it.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Lawrence County Social Services, Inc. & Head Start  
United Community Services, Inc.  
Allied Coordinated Transportation Services, Inc.*

FAX 724 657-3619

PO Box 189 New Castle, PA 16103

## Terms and Conditions: Direct Deposit Program

You have the option of having your salary and authorized reimbursements deposited directly into your account at your financial institution rather than receiving a check. The following are the terms and conditions for participating in the direct deposit program.

1. Your financial institution must be a member of an Automated Clearing House (ACH) in order for you to receive payments by direct deposit.
2. You must complete this authorization form to enroll in the direct deposit program. A signed and dated form is required for processing.
3. You will receive a direct deposit receipt each time an electronic funds transfer is made to your account.
4. It is your responsibility to notify the Corporation immediately of any changes in your account such as closure or change in account number.
5. You may cancel your participation in the direct deposit program at any time by notifying the fiscal department of your decision in writing.
6. This agreement may also be canceled by your financial institution or the Corporation. The Corporation reserves the right to cancel your participation in the direct deposit program.

JOHN PUBLIC 1234  
123 Main Street \_\_\_\_\_ 19  
Your Town, FL 12345

PAY TO THE ORDER OF \_\_\_\_\_ \$

Your Town Bank \_\_\_\_\_ DOLLARS  
Your Town, FL 12345

For \_\_\_\_\_

⑆250000005⑆ ⑆1234556789022⑆

Routing Transit Number

Account Number

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.