

DCCCA, INC.
ACCOUNTS PAYABLE VENDOR DIRECT DEPOSIT AUTHORIZATION FORM

Please mail to:
DCCCA, Inc. • Accounts Payable • 3312 Clinton Parkway • Lawrence, KS 66047 • 785-841-4138

I hereby authorize DCCCA, Inc. to initiate credit entries and adjustment for any credit entry in error to my account indicated below and the financial institution named below to credit and/or debit the same to such account.

ACCOUNT INFORMATION

YOUR NET CHECK WILL BE DEPOSITED INTO THE ACCOUNT CHECKED BELOW

	CHECKING	Please complete the financial institution information and attach a blank, voided check below
	SAVINGS	Please complete the financial institution information below

ROUTING NUMBER

ACCOUNT NUMBER

FINANCIAL INSTITUTION INFORMATION

NAME
ADDRESS (PLEASE INCLUDE CITY AND ZIP CODE)
PHONE NUMBER (PLEASE INCLUDE AREA CODE) ()

(IF USING CHECKING ACCOUNT, PLEASE ATTACH A BLANK, VOIDED CHECK HERE)

Due to the time required for DCCCA, Inc. and bank processing, allow one to two pay cycles for any changes to take effect. You will receive a regular check until the changes can be processed.

This authority is to remain in full force and effect until DCCCA, Inc. has received written notification from me of its termination in such time and in such manner as to afford DCCCA, Inc. and Depository a reasonable opportunity to act on it.

PRINTED NAME

CONTACT NUMBER

SIGNATURE

DATE