

DCCCA INC. DIRECT DEPOSIT AUTHORIZATION FORM

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

CHECK ONE:

_____ Deposit all of my pay check into one account. Complete Section A below.

_____ Deposit my pay check into 2 accounts. Complete Sections A & B below and designate the fixed amount to be deposited in Section B.

SECTION A

YOUR NET CHECK WILL BE DEPOSITED INTO THIS ACCOUNT.	
FINANCIAL INSTITUTION NAME & ADDRESS	TRANSIT/ABA NO.
PHONE: () _____	ACCOUNT NUMBER
TYPE OF ACCOUNT: CHECKING _____ OR SAVINGS _____	

SECTION B

THE AMOUNT YOU DESIGNATE WILL BE DEPOSITED INTO THIS ACCOUNT. AMOUNT TO BE DEPOSITED \$ _____	
FINANCIAL INSTITUTION NAME AND ADDRESS	TRANSIT/ABA NO.
PHONE: () _____	ACCOUNT NUMBER
TYPE OF ACCOUNT: CHECKING _____ OR SAVINGS _____	

IF YOU DESIGNATE A CHECKING ACCOUNT(S), A COPY OF YOUR PERSONAL CHECK(S) MUST BE ATTACHED IN ORDER FOR DIRECT DEPOSIT TO BE PROCESSED.

Due to the time required for DCCCA, Inc. And bank processing, allow one or two pay periods for any changes to take effect. You will receive a regular paycheck until the change 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.

_____ Date

_____ Name (please print)

_____ Signature