



ACCOUNTS PAYABLE VENDOR DIRECT DEPOSIT AUTHORIZATION FORM

Please check appropriate box(es):

NEW

CHANGE:

Address

Add person in home

Direct Deposit

Remove person in home

ENTER ADDRESS AND NAMES THAT ARE OR WILL BE SHOWN ON LICENSE

ACCOUNT INFORMATION

YOUR NET CHECK WILL BE DEPOSITED INTO THE ACCOUNT CHECKED BELOW

<input type="checkbox"/>	CHECKING	Please complete banking information below and attach a voided check or direct deposit form generated from your bank with your name(s), account and routing information.
<input type="checkbox"/>	SAVINGS	Please complete banking information below and attach a bank generated form with your name(s), account, and routing information.

** Your direct deposit may take 1-2 pay periods to be effective once DCCCA has complete and accurate direct deposit information.**

ROUTING NUMBER

ACCOUNT NUMBER

FINANCIAL INSTITUTION INFORMATION

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

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

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

PRINTED NAME

CONTACT NUMBER

SIGNATURE

DATE

MAILING ADDRESS IF DIFFERENT FROM CHECK AND/OR LICENSE ADDRESS

Please mail to:
DCCCA • Accounts Payable • 3312 Clinton Parkway • Lawrence, KS 66047 • 785-841-4138
ATTN: Office Manager