** Full Circle Support**

In Home Respite Care

785 Tucker Rd. Ste. G610 Tehachapi Ca. 93561 **|** Office (661) 821-2400 **|** Fax (661) 861-6018 **|** Email: fcs\_respite@yahoo.com

**DIRECT DEPOSIT FORM**

**AUTHORIZATION AGREEMENT**

I hereby authorize Full Circle Support to initiate automatic deposits to my account at the financial institution

named below. I also authorize Full Circle Support to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Full Circle Support responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Full Circle Support receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

**ACCOUNT INFORMATION**

Name of financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Savings

**SIGNATURE**

Authorized signature (Primary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Authorized signature (Joint): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

***\*\*Please attach a voided check below or a form from your bank authorizing direct deposit to your account***

Mary Smith *Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 991

1000 Your Street

Bakersfield, Ca 93309

*Pay to the order of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_*

0001234567 0012345678910 0991

\*Attach your

check here

***Our payroll department will not process this request until ALL PROPER DOCUMENTATION HAS BEEN RECIEVED***