

## **Direct Deposit Form**

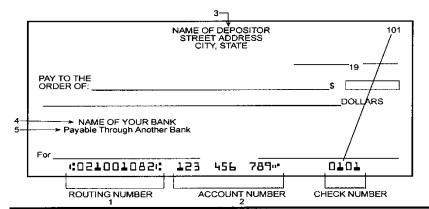
Please complete this form and attach a voided check. Submit this form to: SHDS, P.O. Box 28487, TX, 78755-8487 or fax to (512) 467-1453 or 1-888-467-1455. You can also email it to forms@swhuman.org

	298 Six Digit Provider ID Number (Not Licensing Number)
	Last Name First Name MI
	Phone
	Please Check Action Effective Date
	New Change Cancel
	Month Day Year
	Name of Financial Institution
A C	
$\tilde{\mathbf{C}}$	Account Number (include hyphens but omit spaces and special symbols.)  Type of Account
O U	Checking Savings
N	Routing Number (All 9 boxes should be filled. First Ownership of Account
T	two numbers must be 01 through
	12 or 21 through 32)  Self Joint Other
7	YOU WILL NEED TO ATTACH A VOIDED CHECK OR BANK STATEMENT CONFIRMING ACCOUNT AND ROUTING NUMBERS
	I hereby authorize SHDS to deposit any amounts owed me by initiating credit entries to my account at the financial
	institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by SHDS to my account. In the event that SHDS deposits funds erroneously into my account, I
	authorize SHDS to debit my account for an amount not to exceed the original amount of the erroneous credit. This
	authorization is to remain in full force and effect until SHDS and Bank have received written notice from me of its
	termination in such time and in such manner as to afford SHDS and Bank reasonable opportunity to act on it.
	Signature Date
	If the account is a joint account or in company also's name, that individual must also agree to the terms stated above
	If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.
	- / - · · · · · · · · · · · · · · · · ·
	Signature

## **Instructions for Processing Direct Deposit Authorization**

The information you are requested to provide on this form is confidential and is needed to process your Direct Deposit request. The information will be used to process reimbursement data from Southwest Human Development Services Corporation to the financial institution and/or its agent.

- 1. **Provider Information** (always complete this section)
- 2. Financial Institution Name (the name of the institution to which payments are to be directed)
- 3. Account Number (your account number at your financial institution)
- 4. Type of Account (put an "X" in the appropriate space to indicate a checking or savings account)
- 5. Routing Number (your financial institutions 9-digit routing transit number)
- 6. **Ownership of Account** (put an "X" in the appropriate space to indicate self, joint or other)
- 7. **Authorization** Sign and date the request form after you have carefully read the instructions and Privacy Act Statement



- 1. ROUTING TRANSIT NUMBER Here you would put "021001082"
- 2. ACCOUNT NUMBER Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol appears on the check or card.
- 3. ACCOUNT TITLE (must include employee name)
- 4. FINANCIAL INSTITUTION NAME
- If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

## **Terms and Conditions for Participating in Direct Deposit**

When you participate in Direct Deposit, you have the convenience of having your authorized reimbursements deposited directly into your account at your financial institution. **Direct Deposit is highly encouraged for all participants in Southwest Human Development Services Corporation.** 

- 1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in 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. Once your form is received by Southwest Human Development Services there may be a short administrative processing period before the enrollment will become effective. If so, you will receive a "live" check during this period.
- 3. If an electronic transfer is returned to SHDS, or for any reason cannot be made to your account, SHDS will investigate the cause and after the funds are located, will issue a "live" check to you.
- 4. It is your responsibility to notify Southwest Human Development Services Corporation immediately of any changes in your account, such as account closure or change in account number. Complete this form and indicate the action is a **CHANGE**, and specify the new account information. There may be a short administrative processing period before the changes become effective. If there is an interruption the Direct Deposit service, you will receive a "live" check during this period.
- 5. Your financial institution or SHDS may cancel Direct Deposit. SHDS reserves the right to automatically cancel your participation in the Direct Deposit program upon termination of participation in the food program. SHDS assumes no responsibility for any bank charges incurred as a result of temporarily or permanently discontinuing Direct Deposit.

If you have questions regarding this form, Direct Deposit or any electronic transfers to your account, call (512) 467-7916 or

1-800-369-9082 or by email to: info@swhuman.org