



# IN-HOME RESPITE DIRECT DEPOSIT FORM

The authorization form gives Community Living, Inc. and your financial institution authority to deposit your In-Home Respite reimbursement(s) into your account. All you need to do is:

1. Fill in your name and work phone number in the information section.
2. Under "Authorization for Direct Deposit," check either your savings or checking account that funds will be deposited into.
3. Fill in your financial institution, account number, routing/transit number, and location of your financial institution.
4. Attach a voided check or a letter from your financial institution for verification of your account information.
5. Please sign and date the bottom of the form.

DATE _____		2400
PAY TO THE ORDER OF _____	\$ _____	
_____		DOLLARS
FOR _____	_____	
1 2 2 1 0 5 2 7 8   :	6 7 2 4 3 0 1 0 6 8   *	2 4 0 0   *
Routing Number	Account Number	Check Number

## INFORMATION

Name: \_\_\_\_\_  
Participant Name(s): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## AUTHORIZATION

I authorize Community Living, Inc. to initiate electronic credit entries for In-Home Respite reimbursements

Check one:  Checking Account  Savings Account

## DIRECT DEPOSIT ACCOUNT INFORMATION

Financial Institution Name: \_\_\_\_\_  
Account Number at Financial Institution: \_\_\_\_\_  
Financial Institution's Routing/Transit Number: \_\_\_\_\_

## AUTHORIZATION

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Please attach a voided check or a letter from your financial institution for verification of your account information.

Return completed forms to the In-Home Respite Manager at:  
107 Sheriff Dierker Ct., O'Fallon, MO 63366. For questions, please call  
(636)949-2546