

In-Home Respite Direct Deposit Form

1040 St. Peters Howell Road | St. Peters, MO 63376



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

1. Fill out your name and work phone number in the information section.
2. Check which account (checking or savings) you'd like your funds deposited into under "Authorization for Direct Deposit"
3. Attach a voided check or a letter from your financial institution for verification of your account information.
4. Please sign and date the bottom of this form.

Information

Account Holder's Name: _____

Participant's Name(s): _____

Phone Number: (_____) _____ - _____ Email Address: _____

Authorization

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

Signature: _____ Date: _____



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

Please return this completed form to the In-Home Respite Manager at:
107 Sheriff Dierker Ct., O'Fallon, MO 63366 or by email at ihr@communitylivingmo.org.
For questions, please call (636) 614-1324 or email us at ihr@communitylivingmo.org.