

Northeast ARC
PCA FISCAL INTERMEDIARY
6 SOUTHSIDE RD. DANVERS, MA 01923
(978) 762-8307 FAX (978) 750-3639

Direct Deposit Application

PCA's Name _____

Consumer # _____ Consumer's Name _____

ACCOUNT INFORMATION

Bank Name _____

Bank Routing # _____ Bank Account # _____

This is a _____ Checking Account _____ Savings Account

For a checking account please attach a voided check or a copy of a check. For a savings account please attach a document from your bank indicating the routing number and account number. Do not attach a deposit slip. We will not process this application without a voided check, a copy of a check, or a document from your bank indicating the routing number and account number.

ATTACH COPY OF VOIDED CHECK HERE !!!

DO NOT STAPLE PLEASE USE GLUE OR TAPE.

If you want you pay to be deposited in your savings account. Please take this form to your bank and have them complete the Bank routing number and the account number. Ask if they would stamp and date the form

I hereby authorize my employer (hereinafter "Company") 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 the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company 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 the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity to act on it.

PCA's Signature _____ Date _____