

HELPING HANDS, INC
Direct Deposit

Provider's Name: _____

Address: _____

Telephone Number: _____

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Helping Hands, Inc. to initiate electronic debit entries to my:
(Check one)

Checking account or Savings account

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

****Please attach a voided check or a voided deposit slip**

Name(s) on the Account - exact spelling

Financial Institution Name (Bank or Credit Union)

Branch Office (location and/or name)

Financial Institution (Bank or Credit Union) City and State

Account Number at Financial Institution (Bank or Credit Union)

Financial Institution (Bank or Credit Union) Routing Number (9 digits)

Signature _____ Date _____

This form is only for the use of providers who do not have and/or do not wish to use a traditional bank / credit union savings or checking account

PAYCHECK PLUS!

Payroll Debit Card

Cardholder Information (Please Print Clearly)

First Name & Middle Initial _____

Last Name _____

Address _____

City _____ Zip _____

Birth Date _____

Social Security Number (or IRS number) _____

Driver's License Number (optional) _____

Driver's License State (optional) _____

Home Phone Number _____

Cell Phone Number (optional) _____

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Signature _____ Date _____

Office Use Only:

Date of Card Approval: _____

Customer # _____

Card Number _____

Intials _____

P/N _____

P/C _____