



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 Coordinator at:
107 Sheriff Dierker Ct., O'Fallon, MO 63366. For questions, please call (636)949-2546