

AUTHORIZATION FOR DIRECT DEPOSIT

To enroll in the Family Support Services direct deposit program, please complete this authorization form and return to Accounting. This information will be used to ensure your payment is deposited into the proper account.

1. PLEASE CHECK YO Foster Parent	Adoptive Parent	Independent Living	Relative/Non-Relative Caregiver	Vendor	Employee
2 NAME(S) LISTED (·				, -,
2. NAME(S) LISTED (IN THE ACCOUNT	1			
Address					
Mailing Address, if	different				
Phone Number	aijjerent				
Contact Email Addr	220				
Social Security Number or EIN					
3. BANK INFORMAT	L.	ONIC DAVIMENT (A	СП/		
Bank Name	ION FOR ELECTRI	JINIC PATIVIENT (A	СП		
Routing Number (Ni	ne-digits)				
Account Number	The digitaly				
Type of Account (ch	ecking or Savings)				
Social Security Num	ber or EIN is requir	ed for vendor verifi	n in order to receive payments e cation. <i>Please include W-9 form</i> his is how you will receive remit	if not already	
FOR FOSTER PARE	NTS, ADOPTIVE P	ARENTS, INDEPEN	IDENT LIVING (IL) CLIENTS, OF	R CAREGIVER	S (ONLY)
		-	<mark>IDENT LIVING (IL) CLIENTS, OI</mark> D DEBIT CARD, PLEASE PROVI		S (ONLY)
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Please email the completed form to AP@FssSuncoast.org or mail to: 8550 Ulmerton Road, Suite 130, Largo, FL 33771, Attn: Finance Department Contact number with Questions: 727-456-0600, x-2004 and x-2070

Payee or Authorized Signature

Payee or Authorized Official's Printed Name

Date