

DIRECT DEPOSIT AUTHORIZATION

Case Name _____ Case Number _____

You do not need item H completed if you ~~can~~ supply a voided personalized check or deposit slip ~~[ticket]~~ that verifies your bank routing and checking account numbers.

DIRECT DEPOSITS ARE ISSUED TO CHECKING ACCOUNTS ONLY[.]

Check One:

- Begin Direct Deposit (Complete items A-G and sign item I)
- Stop Direct Deposit (Complete items A-B and sign item I)
- Change Direct Deposit (Complete items A-G and sign item I)

- A. Name _____
- B. Social Security Number _____
- C. Name on Checking Account _____

If you do not have a check or deposit slip available, have your bank complete items D, E, F, G, and sign item H below.

- D. Name of Bank _____
- E. Address of Bank _____

- F. Bank Routing Number _____
- G. Checking Account Number _____

~~[If you do not have a check available, have your bank complete items D, E, F, G and sign item H below.]~~

H. _____
Authorized Bank Official Title

I authorize and request the above indicated action be taken regarding ~~[with regard to]~~ my CHECKING account at the bank, credit union, or savings and loan, stated above.

Recipient Signature Date

Return Completed Form to:
DCBS
P.O. Box 2104
Frankfort, KY 40602

Fax: 502-573-2007