

## Signing up for Direct Deposit with Workforce Solutions

You authorize payments to be deposited to your checking or savings account by filling out page 2 of this document labeled *Direct Deposit Authorization Agreement* and returning it. When you turn in the agreement form, please be sure to attach a voided check for the account you have indicated on the form. Once the validation process with the financial institution is completed, your payments will be deposited automatically to your account.

You do not need to notify your bank about your enrollment in direct deposit. If there is any problem with your account number or transit number, you will be contacted by one of Workforce Solutions Financial Specialists.

## Transit / ABA Number and Account Number

Please use the Transit/ABA Number and Account Number that are printed on your check. These numbers can be found as per the following examples:

KIDS n KIDS CHILDCARE CENTER 1500 Main Street Anywhere City, TX 77000		ALLSAFE BANK N.A 12567 Banker Road Houston, TX 77000 67-1 / 532	<b>300021</b>
PAY TO THE ORDER OF:		DATE	AMOUNT
			<input type="text"/>
			VOID AFTER 90 DAYS
		_____ AUTHORIZED SIGNATURE	
<b>30021 :113000023: 0100 587101</b>			

_____	_____	_____
Check Number	Transit / ABA Number	Checking Account Number

If you need help in filling out the Transit / ABA Number and Account Number, please contact your financial institution. To ensure validation of your account, please be sure to submit a VOIDED check with the Direct Deposit Authorization Agreement.

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

 **New Enrollment**
 **Change**
 **Discontinue**

**CHILDCARE VENDOR:** \_\_\_\_\_

**VENDOR NO.:** \_\_\_\_\_ **TAX ID NO. (TIN)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

### AUTHORIZATION STATEMENT

I (we) hereby authorize Workforce Solutions to credit my account with the depository named below, hereinafter called "Depository".

I (we) also authorize Workforce Solutions to initiate the necessary adjustments for any entries made in error to my account, not to exceed the total of the original amount credited, and for the Depository to debit and/or credit (for adjustment only) the same such account.

Depository Name:		Branch:
City	State	Zip Code
Transit / ABA Number	Account Number	Account Type

This authority is to remain in full force and effect until Workforce Solutions has received written notification from me of termination in such a time and in such a manner as to allow Workforce Solutions and Depository a reasonable opportunity to act on the request.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	
<b>ID Verified by:</b>	
<b>Date:</b>	
<b>Data Entry by:</b>	
<b>Date:</b>	

Please attach an original voided check to this form and mail back to:  
 Workforce Solutions Financial Aid Payment Office  
 Attn: Treasury Services  
 P.O. Box 741361  
 HOUSTON, TX 77274-1361