

**Scott County Community Development Agency  
Authorization for Direct Deposit**

I (we) hereby authorize Scott County CDA, hereinafter called COMPANY, to initiate credit entries to the account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

- 1) **Name on Bank Account** \_\_\_\_\_
  
- 2) **Taxpayer Identification Number**  
**Social Security Number** \_\_\_\_\_  
**Or**  
**Employer Identification Number** \_\_\_\_\_
  
- 3) **Bank Account Number** \_\_\_\_\_
  
- 4) **Account Type**       Checking       Savings
  
- 5) **Transit/ABA Number** \_\_\_\_\_
  
- 6) **Financial Institution** \_\_\_\_\_
  
- 7) **Financial Institution Address**  
\_\_\_\_\_  
\_\_\_\_\_

**Email copy of check stub**  Yes  No

**Email Address** \_\_\_\_\_  
\_\_\_\_\_

**You may have up to five (5) email addresses**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**  
**Phone Number#** \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**