



# Direct Deposit Authorization Form

Please read this form and make sure you understand the terms and conditions of the agreement. Fill in the boxes below and sign the form. The sample check below helps you to identify your account number.

First Name:

Last Name:

Work Phone:

ID Number:

New       Change       Cancel

Bank Name:

Account Number:

Checking

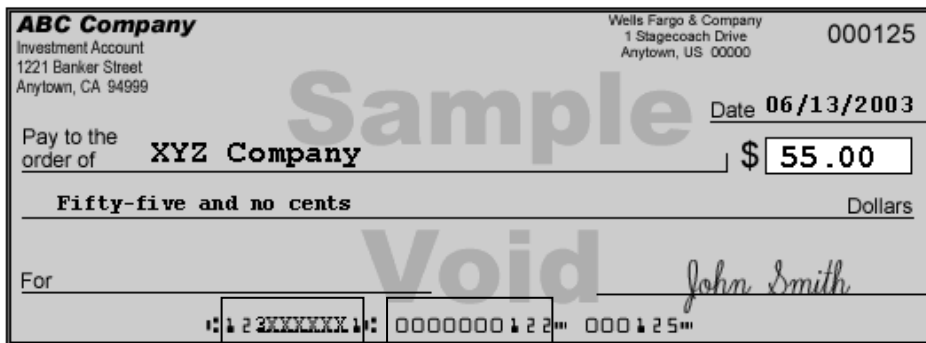
Routing Number:

Savings

Ownership:  Self

I certify that I have read and understand the back of this form. By signing this agreement, I authorize CTS LanguageLink to initiate credit entries to the account indicated above for the purpose of reimbursement for interpretation services provided. I also authorize CTS LanguageLink to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

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



Routing Number

Account Number

Call your financial institution to make sure they will accept direct deposits.

Verify your account number and routing number with your financial institution.

Do not use a deposit slip to verify the routing number.



IMPORTANT NOTES PRIOR TO COMPLETING YOUR DIRECT DEPOSIT FORM

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the Direct Deposit program.
2. You must complete this authorization form to enroll in the Direct Deposit program. A signed and dated form is required for processing. If you have a joint account, the form must be signed by both parties. Once your form is received by CTS LanguageLink there may be up to a 4 week administrative processing period before the enrollment will become effective. You will receive checks for any reimbursement claims paid during this period.
3. If an electronic transfer is returned to CTS LanguageLink or for any reason cannot be made to your account, CTS LanguageLink will investigate the cause and if necessary, will issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail. Reinstatement in the direct deposit program will be determined on a case-by-case basis, and you will be notified of any action taken.
4. It is your responsibility to notify CTS LanguageLink immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action is a CHANGE, and specify the new account information. There may be up to a 4 week administrative processing period before the changes become effective. If there is an interruption in the direct deposit service, you may receive checks for any reimbursement claims paid during that time.
5. You may cancel your participation in the direct deposit program at any time by completing this form indicating the action is a CANCEL. The cancellation will take effect as of the date you indicate or as soon as the form is received and processed by CTS LanguageLink, whichever is later. This agreement may also be canceled by your financial institution. CTS LanguageLink reserves the right to automatically cancel your participation in the direct deposit program at any time and for any reason.

FYI – For account verification purposes, some banks will post a debit of \$0.01 on your account.

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

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

Print & fax your Direct Deposit form to **1-877-229-6880**