



**Direct Deposit Authorization**

**This authorizes Clearhope Counseling & Wellness to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below.**

**ACCOUNT #1**

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount:       \$ \_\_\_\_\_       \_\_\_\_\_%      or       Entire Paycheck

Type of Account:       Checking       Savings      (Check One)

**ACCOUNT #2**

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount:       \$ \_\_\_\_\_       \_\_\_\_\_%      or       Entire Paycheck

Type of Account:       Checking       Savings      (Check One)

**Clearhope Counseling & Wellness is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.**

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

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