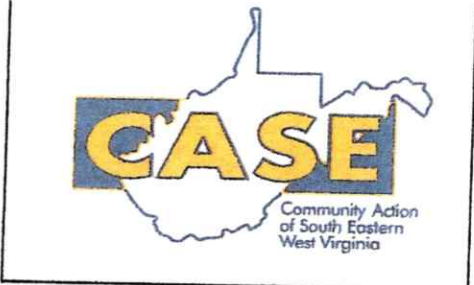


**USE BLUE INK ONLY**



**DIRECT DEPOSIT AUTHORIZATION** One Account

I (we) hereby authorize Community Action of South Eastern West Virginia, hereinafter called "CASEWV", to initiate credit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Provider Name \_\_\_\_\_ Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing & Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type:  Checking/Draft  Savings/Share  Loan

This authorization is to remain in full force and effect until CASEWV has received written notification from me (or either of us) of its termination in such a time and manner as to afford CASEWV and DEPOSITORY a reasonable time to act upon it.

Name(s) \_\_\_\_\_ (Please Print) Provider Number \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Please attach a voided check or financial institution account verification letter to this form.

Note: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. 4-1-2019



**MAIL THIS FORM TO:**

CASEWV  
C/O FDCFP  
355 BLUEFIELD AVE  
BLUEFIELD, WV 24701