

AUTHORIZATION AGREEMENT FOR PERSONAL ASSISTANCE DIRECT DEPOSITS

Bank Name: _____

Bank Address: _____
(City) (State)

Depositor Account No: _____

Type of Account: Checking Savings Debit Card
(Attach proof of acct:) (Attach proof of acct:) (Attach proof of acct:)

TRANSIT ROUTING NUMBER ACCOUNT NUMBER INFORMATION

: ...	
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Stavros **will not process a direct deposit request** without supporting documentation from the financial institution attached to the authorization agreement. Please contact Stavros FI’s customer service department if you have any questions about what supporting documentation is acceptable.

The Personal Care Attendant’s (PCA) **name must be on the account.**

Stavros **will not accept an account that has the name of the consumer and/or surrogate** as an account holder.

PCA NAME: _____

PCA SOCIAL SECURITY NUMBER: _____

EMPLOYER (CONSUMER) NUMBER: _____

EMPLOYER (CONSUMER) NAME: _____

DATE: _____ PCA SIGNATURE: _____

I hereby authorize Stavros FI as Fiscal Intermediary for my employer (consumer) to deposit my net pay at the financial institution named above. I understand the Stavros FI may cause my account to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution.

It is understood this agreement may be terminated by me at any time by written notification to Stavros FI. Any such notification to Stavros FI shall be effective only with respect to entries initiated by Stavros FI after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the BANK by the PCA is unacceptable. The BANK may terminate this agreement by written notice to the PCA for just cause.

Below is a sample check detailing where the information necessary to complete this form can be found.

John Q. Public
Jane Q. Public
111 Main Street
Anywhere USA 02341

0101

Date: _____

Pay to the Order of _____ \$ _____

_____ DOLLARS

MAIN STREET BANK
3000 Main Street
Anywhere USA 02341

Memo: _____

Check # (not needed for sign-up)

PLEASE CHECK TO SEE IF FUNDS HAVE BEEN DEPOSITED INTO YOUR ACCOUNT. STAVROS FI WILL NOT BE LIABLE FOR ANY OVERDRAFT FEES INCURRED DUE TO DELAYS IN DIRECT DEPOSIT.