## **Electronic Payment Authorization**

Full Name	
Social Security Number	
Mailing Address (Number, Street)	
City	
State	Zip Code
	- · · · · · · · · · · · · · · · · · · ·
Telephone Number	Email Address (Payment Notification)
( )	
Direct Deposit Action Requested (Check Only One)	(1) Start
,	(2) Change
	(3) Stop
A consist True	(4) Name Change Only
Account Type (Check Only One)	(1) Checking
XX A a a court Nivershop Ctout at left le	(2) Savings
Your Account Number – Start at left, le	ave unused spaces diank
Transit Routing Number of	f Your Financial Institution
Name of Your Financial Institution	
Telephone number of Your Financial Institution	
( )	
I authorize Eckerd Youth Alternatives, Inc. to initiate credit entries and, if necessary,	
debit entries and adjustments for any credit entries in error to my bank account as indicated above. This form supersedes any previously dated direct deposit form.	
Your signature	Date

Please attach a copy of your Void Check for Checking account or Deposit Slip for Savings account