

# Direct Deposit Authorization Form

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. I (we), also, authorize the COMPANY to initiate debit entries to my (our) account indicated below and the DEPOSITORY to reverse any credits made to such account in error. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Please Deposit

My entire check or

the following amount \$ \_\_\_\_\_ directly into my iCareCard Account.

Date	Name (Print)	Financial Institution Name <b>Cedar Rapids Bank &amp; Trust</b>
Employee Number/SS#	CRBT (iCareCard) Account Number <i>(note – this is not the number on the front of the card)</i>	Financial Institution Number <b>073922801</b>

Signature \_\_\_\_\_

CHECK ONE:

I am not currently participating in the Direct Deposit Program

ADD - Deposit my pay to the account shown.\*

I am currently participating in the Direct Deposit Program

CHANGE - Change financial institutions and/or account number.\*

CANCEL - Stop my participation in the program

Due to the time required for COMPANY and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

**TYPE OF ACCOUNT: [X] CHECKING**