DIRECT DEPOSIT AUTHORIZATION AGREEMENT – Foster Parent

MAIL TO:
National Youth Advocate Program, Inc.
Foster Parent Pay Dept.
1801 Watermark Drive, Suite 200
Columbus, OH 43215

Check one of the following		Effective Date
□	Start	□As Soon As Possible
□	Stop	
□	Change	□as of ___/____/____

FAX TO:
National Youth Advocate Program, Inc.
Foster Parent Pay Dept.
614-487-8769
(No Cover Page Required)

I authorize National Youth Advocate Program, Inc. (NYAP) to direct deposit funds to my account in the financial institution listed below as indicated on the ***attached voided check for checking accounts or voided deposit slip for savings accounts***. If funds to which I am not entitled are deposited in my account, I authorize NYAP to initiate a correcting (debit) entry. I understand that this authority is to remain in full force and effect until NYAP has received written notification from me of its termination in such time and manner as to afford NYAP and the financial institution a reasonable opportunity to act on it. Should I change my checking or savings account, I will complete a new Direct Deposit Authorization Form listing the new account information. I realize if I fail to notify NYAP of any bank account changes a service fee of $10.00 will be charged for each returned direct deposit item. Returned items will be reissued as paper checks within 10 business days after the item is returned.

Foster Parent ID Location

Name (Last, First Middle Initial)

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Enter the following information from the bottom of your check:

ABA Bank Routing Number (Must be 9 numbers)	**Account Number**
⑆	⑈ ⑈

Type of Account

☐ Checking ☐ Savings ☐ Money Market Checking ☐ Money Market Investment Requres Submission of ACH form from your broker

✓ **Attach a voided check or photocopy of a check for checking account.**
DO NOT ATTACH A DEPOSIT SLIP.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and NYAP's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, or amended, or repealed.

SIGNATURE _____ DATE _____