

Instructions for Processing Direct Deposit Authorization

The information you are requested to provide on this form is confidential and is needed to process your Direct Deposit request. The information will be used to process reimbursement data from Southwest Human Development Services Corporation to the financial institution and/or its agent.

1. Provider Information (always complete this section)
2. Financial Institution Name (the name of the institution to which payments are to be directed)
3. Account Number (your account number at your financial institution)
4. Type of Account (put an "X" in the appropriate space to indicate a checking or savings account)
5. Routing Number (your financial institutions 9-digit routing transit number)
6. Ownership of Account (put an "X" in the appropriate space to indicate self, joint or other)
7. Authorization Sign and date the request form after you have carefully read the instructions and Privacy Act Statement

The diagram shows a check form with the following fields and labels:

- NAME OF DEPOSITOR**, **STREET ADDRESS**, **CITY, STATE** (with a '3' above the line)
- PAY TO THE ORDER OF:** (with a '18' above the line)
- DOLLARS** (with a '6' above the line)
- NAME OF YOUR BANK** (with a '4' above the line)
- Payable Through Another Bank** (with a '5' above the line)
- For** (with a '6' above the line)
- ROUTING NUMBER**: 6021001082 (with a '1' below the line)
- ACCOUNT NUMBER**: 123 456 789 (with a '2' below the line)
- CHECK NUMBER**: 0101 (with a '101' above the line)

1. **ROUTING TRANSIT NUMBER** - Here you would put "021001082"
2. **ACCOUNT NUMBER** - Here you would put "123-456-789". Note the use of the dash symbol (include dashes where the symbol appears on the check or card.
3. **ACCOUNT TITLE** (must include employee name)
4. **FINANCIAL INSTITUTION NAME**
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

Terms and Conditions for Participating in Direct Deposit

When you participate in Direct Deposit, you have the convenience of having your authorized reimbursements deposited directly into your account at your financial institution. Direct Deposit is highly encouraged for all participants in Southwest Human Development Services Corporation.

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in Direct Deposit.
2. You must complete this authorization form to enroll in the Direct Deposit program. A signed and dated form is required for processing. Once your form is received by Southwest Human Development Services there may be a short administrative processing period before the enrollment will become effective. If so, you will receive a "live" check during this period.
3. If an electronic transfer is returned to SHDS, or for any reason cannot be made to your account, SHDS will investigate the cause and after the funds are located, will issue a "live" check to you.
4. It is your responsibility to notify Southwest Human Development Services Corporation immediately of any changes in your account, such as account closure or change in account number. Complete this form and indicate the action is a CHANGE, and specify the new account information. There may be a short administrative processing period before the changes become effective. If there is an interruption the Direct Deposit service, you will receive a "live" check during this period.
5. Your financial institution or SHDS may cancel Direct Deposit. SHDS reserves the right to automatically cancel your participation in the Direct Deposit program upon termination of participation in the food program. SHDS assumes no responsibility for any bank charges incurred as a result of temporarily or permanently discontinuing Direct Deposit.

If you have questions regarding this form, Direct Deposit or any electronic transfers to your account, call Blake Stanford at (512) 467-7916 or 1-800-369-9082 or by email to: blake@swhuman.org