



CONCEPTS OF INDEPENDENCE  
CONCEPTS OF INDEPENDENT CHOICES



**DIRECT DEPOSIT AUTHORIZATION**  
**Company ID 51-0239834**

**PERSONAL ASSISTANT'S AUTHORIZATION:**

I hereby authorize Concepts of Independence, Inc. to initiate entries to my account, indicated below, at the depository financial institution named below, hereinafter called, the BANK, and to credit the same to such account.

NAME: \_\_\_\_\_ ID# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This authorization is to remain in full force and effect until Concepts of Independence, Inc. has received written notification, in a manner specified by Concepts of Independence, Inc., and signed by the Personal Assistant. This written notification of termination must be issued in such time and in such manner as to afford Concepts of Independence, Inc. and the BANK a reasonable opportunity to act upon it.

**BANK AUTHORIZATION:** The BANK named below agrees to participate in this "direct deposit" system and agrees to provide the following:

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_ ROUTING#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_ TYPE (SAVINGS/CHKNG) \_\_\_\_\_

NAME(S) ON ACCOUNT \_\_\_\_\_

BANK OFFICER'S NAME \_\_\_\_\_ TITLE: \_\_\_\_\_

BANK OFFICER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**A VOIDED CHECK CAN BE USED IN PLACE OF THE ABOVE REQUESTED BANK INFORMATION.**

Concepts of Independence, Inc. reserves the right to suspend this authorization if a Personal Assistant fails to complete a program requirement or if the Personal Assistant fails to maintain a bank account in their own name.