



1802 E. Spruce St.  
P.O. Box 2090  
Garden City, KS 67846  
**Phone:** 620-276-1900  
**Fax:** 620-271-0200  
**Payroll Fax:** 620-276-3537

## *Direct Deposit Form*

I wish to have my paycheck by Direct Deposit. I hereby authorize Center for Independent Living Southwest Kansas (CILSWKS) to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated below and to credit the same to such account. This authority is to remain in full force and effect until CILSWKS received written notification from me of its termination in such time as to afford CILSWKS and my bank a reasonable opportunity to act on it.

Type:  Checking  Savings

Signature \_\_\_\_\_ Date \_\_\_\_\_

Is this a change to a current authorization?  Yes  No

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### **DIRECT DEPOSIT ACCOUNT VERIFICATION**

**Required:** Please attach a void check or deposit slip in this area so that we may verify your routing and account numbers.

**Attach Here**

Attn: PCA Coordinator

Form – PA Direct Deposit Verification  
rev. 4/09 (tah)