



CENTER FOR EDUCATION & ADVOCACY FOR INDEPENDENT LIVING

SELF DIRECTION PROGRAM

### DIRECT DEPOSIT AUTHORIZATION

**Instructions:**

- Clearly write all information in the fields below
- Attach a Direct Deposit letter from your bank with the necessary account information

#### Part 1: PAYEE IDENTIFICATION

Payee Name:	
Payee Email:	Payee Phone Number:
Street Address:	City, State, Zip Code

#### Part 2: FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:	Account Number:									
Name on Account:	Account Type:									
<p>Nine Digit Routing Number</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

#### Part 3: HALO AUTHORIZATION

I authorize Halo Network Inc. to deposit payments by electronic fund transfer into the above referenced account. I acknowledge if I fail to provide complete and accurate information on the authorization form, processing of this form and payments may be delayed.	
Authorized Signatory:	Date:
Printed Name:	Title: