

Indiana Youth Institute Authorization Agreement for Direct Deposits (ACH Credits)

NAME/ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

PHONE NUMBER: _____

PRIMARY CONTACT: _____

PRIMARY CONTACT EMAIL: _____

I (we) hereby authorize **Indiana Youth Institute, Inc.**, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) [] **Checking** [] **Savings** account (select one) indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME: _____
(Name must match name on submitted W9)

BANK NAME: _____

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from DEPOSITORY of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____ **TITLE(S):** _____

(PLEASE PRINT)

(IF APPLICABLE)

DATE: _____ **SIGNATURE(S):** _____

(In order to ensure the correctness of the depository information, please attach a voided check (checking) or blank deposit ticket (savings) to the Authorization Form.)