



Central MN Foster Grandparent Program

157 Roosevelt Road, Suite 200
Saint Cloud MN 56301
1.320.229.4588 or 1.866.895.7992



DIRECT DEPOSIT AUTHORIZATION FORM

Name _____

Address _____

Telephone Number: _____

I request that my Stipend/Travel Reimbursement direct deposit be placed in the following account:

Bank Name	*Bank Routing Number	*Account Number	Type of Account
			<input type="checkbox"/> Savings <input type="checkbox"/> Checking

*A sample of a check is on the back side →→→→→→→→→→

PLEASE PROVIDE A VOIDED CHECK FOR THE ACCOUNT LISTED ABOVE

PLEASE DO NOT USE A DEPOSIT SLIP

I authorize my stipend/travel reimbursement to be sent to the financial institution named above to be deposited in the designated account.

I understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution. I also understand that it is my responsibility to check my bank account for reimbursements.

Foster Grandparent Signature: _____

Date: _____

Attach your voided check in this space.

(Please do not attach a deposit slip)

JOHN Q. STUDENT
123 College Lane
Hometown, WI 50000

No. 1582

DATE _____

PAY TO THE
ORDER OF _____

\$ _____
DOLLARS

Hometown Bank

For _____

⑆0⑆5708055⑆ 80380⑈59177⑈⑆ 0⑆582

The routing/
transit number is
denoted by nine
digits surrounded
by ⑆

The checking
account number*

The check number*

*In some cases the order of the
checking account number and
the check number is reversed