

**Eastpointe Human Services  
Electronic Funds Transfer (EFT)  
Authorization Agreement for Automatic Deposits**

**Request type (must be checked)  Initial Request (Start)  Change Request (Close & Start)  Cancel Request (Closing)**

I hereby certify that the checking OR savings accounts indicated on this form are under my direct control and access; therefore, I authorize Eastpointe Human Services to initiate, change or cancel credit entries to those checking or savings account(s) as indicated on this form. *This authority is to remain in full force and effect until Eastpointe Human Services has received written notification, from either myself or a verifiable Officer of the Agency, of the account's termination in such time and in such a manner as to afford Eastpointe Human Services a reasonable opportunity to act upon it.*

PROVIDER NAME \_\_\_\_\_

BILLING CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

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

E-MAIL FOR REMITTANCES \_\_\_\_\_

Please list the name and telephone number of your Financial Officer (contact for Eastpointe Human Services - Accounting) and the exact street address of the Finance Office. **PO Boxes will be not be accepted.**

Finance Officer \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**A VOIDED CHECK OR OFFICIAL BANK LETTER VERIFYING ACCOUNT NUMBER, ROUTING NUMBER AND ACCOUNT TYPE MUST BE ATTACHED IN ORDER TO PROCESS DIRECT DEPOSIT REQUESTS.**

**DO NOT SUBMIT DEPOSIT SLIPS, COUNTER CHECKS LACKING PRE-PRINTED INFORMATION, PERSONAL LETTERS OR PROVIDER LETTERS.**

**IF YOU ARE STARTING A DIRECT DEPOSIT ACCOUNT OR AN EXISTING PROVIDER CHANGING DIRECT DEPOSIT ACCOUNTS TO THE ACCOUNT BELOW, COMPLETE THIS SECTION:**

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

CHECKING OR SAVINGS \_\_\_\_\_

Under penalties of perjury, we hereby certify the checking or savings account(s) indicated above is/are under our direct control and access. Therefore, we authorize Eastpointe Human Services to initiate, change or cancel credit entries to those checking or savings account(s) and the bank name(s) as indicated above.

**IF YOU ARE AN EXISTING PROVIDER CLOSING A DIRECT DEPOSIT ACCOUNT FOR ANY REASON, COMPLETE THIS SECTION LISTING THE INFORMATION FOR THE ACCOUNT TO BE CLOSED. THE NEW DIRECT DEPOSIT ACCOUNT INFORMATION WILL NEED TO BE LISTED IN THE TOP SECTION.**

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

CHECKING OR SAVINGS \_\_\_\_\_

**In order for Eastpointe Human Services to close an direct deposit account established to receive funds for payment, all information above MUST be provided.**