



**Children's Bureau, Inc.**  
**Direct Deposit Enrollment Form**  
 New Foster Parent Enrollment

I hereby authorize the Children's Bureau, Inc. to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository names below to credit and debit the same entries to such account.

I realize that it is my responsibility to always view my paycheck stub to confirm whether it is a direct deposit notice or a regular paycheck.

	Bank Checking	Bank Savings	Credit Union Checking	Credit Union Savings	Other Institution
Account Number					
ABA/Trans it Num.					
Dollar Amount or 100%					
Bank Name					
City					
State					
Phone					
Contact					

I realize that this authority will remain in full force and effect until the Children's Bureau, Inc. has received written notification from me requesting its termination. Also, I realize that the Children's Bureau reserves the right to discontinue this direct deposit request at any time for administrative and/or security purposes. Should this occur, I understand that my paycheck would be a regular check.

Printed Name: \_\_\_\_\_ SS# : \_\_\_\_\_

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

**ATTACH ORIGINAL OR COPY OF A VOIDED CHECK**