

DIRECT DEPOSIT FORM

I (we) hereby authorize **Community and Family Services Foundation** (the Company) to initiate a **CREDIT** entry to my (our) checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transaction charged or credited in error. This authority will remain in effect until the Company is notified by me (us) in writing to cancel it in such time as to afford the Company and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution

Location (City, State)

Financial Institution's Routing/Transit Number: _____
(Look between symbols | : | : on your check)

Customer/Employee Signature

Date

Customer/Employee Name (*please print*)

Checking Account Number: _____

OR

Savings Account Number: _____

Email Address: _____

PLEASE RETURN THIS FORM ALONG WITH A COPY OF A VOIDED CHECK TO THE PORT ORCHARD OFFICE AT PO BOX 1459, PORT ORCHARD, WA 98366 or EMAIL FORM AND VOIDED CHECK TO maciana@cfsf.net