



1035 N Osage St. Suite 700
Denver, CO 80204

**Authorization Agreement for Direct Deposits (ACH Credits)
for Foster Care Provider Payment**

I (we) hereby authorize Lutheran Family Services Rocky Mountains, hereinafter called LFS, to initiate credit entries to my (our) () **Checking** () **Savings account (select one)** indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit 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 _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT _____



**Routing
Number**

**Account
Number**

Please attach a voided check if you elected to deposit into a checking account. Please attach a savings account pre-encoded deposit slip if you elected to deposit into a savings account. Forms will not be processed without the proper attachments. LFS is not responsible for delays due to bank error. DO NOT write checks on your account until you are sure the deposit has occurred. LFS accepts no liability regarding direct deposits. If an incorrect deposit is made into your account, which you are not due, LFS reserves the right to reverse the ACH.

NAME (S) _____ DATE _____

SIGNED _____ SIGNED _____

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

Note: All written credit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.