

AmeriCorps Direct Deposit Application

Member Instructions:

1. Complete the Member - required information section.
2. Complete the Direct Deposit Checking and/or Savings sections to specify where you want your living allowance deposited.
3. Attach a voided check or a Direct Deposit letter from your bank.
5. Retain a copy of this form. Return the **original** to CAPC.

Member - Required Information

Please Print

Member Name _____

Social Security # _____ - _____ - _____

Complete for DIRECT DEPOSIT

I would like my living allowance deposited to the following bank account(s):

Checking

Bank Name _____

Savings

Bank Name _____

I wish to deposit (check one):

Entire net pay

_____% net

Specific Dollar Amount \$ _____ .00

I wish to deposit (check one):

Entire net pay

_____% net

Specific Dollar Amount \$ _____ .00

I hereby authorize The Child Abuse Prevention Center (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in Sacramento or North Highlands, California, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until COMPANY has received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

**Attach only a void check, bank letter, or specification sheet.
Deposit tickets not accepted for Checking or Savings accounts.**

Member Signature _____

Date ___/___/___

Return this **original** form to CAPC.