AUTHORIZATION FORM: DIRECT DEPOSIT of OCS Worker Reimbursement for Client Expenses

Please type or legibly PRINT all information below in ink.

SECTION 1

TIPS Worker #:			
First Name:	M.I.	Last Name:	
Date Of Birth:	E-MAIL Address:		
Mailing Address1:			
Mailing Address 2			
City:	State:	Zip:	Parish:
Daytime Telephone:		Home Telephone:	
Social Security Number:		Tax ID Number:	

SECTION 2 FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:			
City:	State:	Zip:	Parish:
Telephone:	Check one: ☐ Corporate Account	☐ Personal Account	
Routing Number:	Account Number:		
Account Type (Check one):	☐ Checking Account	☐ Savings Account	
Check one: ☐ New Request	☐ Change Account	☐ Cancel Direct Deposit	

***Note: Be sure to include a pre-printed deposit slip or voided check. If the account is a savings account at a credit union or savings and loan, a financial institution printout showing the account number and routing number is required.**

Section 3: Authorization Agreement for the Direct Deposit of Provider Payments

I authorize Office of Community Services (OCS) to deposit my worker reimbursement payments directly into my checking account or savings account as specified above. I understand the deposits/adjustments will be made electronically by Automated Clearing House Network (ACH) transactions and I must allow the Federal Reserve two working days from the disbursement date to have the transactions funds available to my financial institution. I also understand the following: It is my responsibility to provide correct routing and account information for ACH transmissions by attaching a voided check or pre-printed deposit slip from my financial institution. I will immediately notify OCS if my banking information changes. I must submit a new authorization form to change my direct deposit. I can stop my direct deposit by notifying OCS. I must notify OCS of any changes to my address. I must include my name and TIPS worker number on all correspondence regarding direct deposit. OCS will notify me of deposits to my account with a Remittance Advice. To verify when a payment is posted to my account and funds are available, I will have to contact my financial institution.

By signing below I signify that I have read and agree to all of the conditions listed above.

Signature: _____ Date Signed: _____

Office Use Only

Sent by: _____ Date Received: ____/____/____ Entered By: _____

Form OCS DD-2
Issued: 06/06