



## SCOTT COUNTY CDA: AUTHORIZATION FOR DIRECT DEPOSIT

I (we) hereby authorize Scott County CDA, hereinafter called COMPANY, to initiate credit entries to the account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**NAME ON BANK ACCOUNT**

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**TAXPAYER IDENTIFICATION  
NUMBER or SOCIAL SECURITY  
NUMBER**

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**ACCOUNT TYPE**  CHECKING  
 SAVINGS

**TRANSIT/ABA NUMBER**

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**FINANCIAL INSTITUTION**

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**FINANCIAL INSTITUTION ADDRESS**

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**EMAIL COPY OF CHECK STUB**  YES  
 NO

**EMAIL ADDRESS**

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**PHONE NUMBER**

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**SIGNATURE**

**DATE**

**\*PLEASE ATTACH VOIDED CHECK**