**Direct Deposit Enrollment Form**

**Important! Please read and sign before completing and submitting.**

I hereby authorize Choices, Inc. to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter “Bank”) indicated on this form. I acknowledge that the origination of any ACH transactions must comply with applicable U.S. laws and the Operating Rules of the National Automated Clearing House Association. I authorize Bank to accept and to credit any credit entries initiated by Choices, Inc. to my account. In the event that Choices, Inc. deposits funds erroneously into my account, I authorize Choices, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit. If I am signing this Enrollment Form on behalf of an entity, I certify that I have the authority to authorize these transactions on behalf of that entity. This authorization is to remain in full force and effect until Choices, Inc. and Bank have received written notice from me of its termination in such time and in such manner as to afford Choices, Inc. and Bank reasonable opportunity to act on it.

**Organization Name:**

**Contact Name:**

**Signature:**

**Title:**

**Date:**

**Account Information**

**Bank Name/City/State:**

**Routing/Transit #:**   **Account Number:**

**Checking  Savings  Other**