

*Social Service Consultants, Ltd.*  
**DIRECT DEPOSIT AUTHORIZATION FORM**

Please provide a voided check or bank authorization form.

This authorizes Social Service Consultants, Ltd., a Maryland Corporation, to send credit entries and appropriate debit and adjustment entries, electronically or by any other commercially accepted method, to my account(s) indicated and to other accounts I identify in the future. This authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Account Type:                    \_\_\_\_\_ Checking                    \_\_\_\_\_ Savings

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing Number:  
(ABA Number) \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell / Mobile Number