

# DIRECT DEPOSIT AUTHORIZATION

I, \_\_\_\_\_ Authorize Futures Community Support  
Services, Inc. to deposit my payment directly into my bank account:

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

Account Type: Checking  Savings

Bank Routing Number: \_\_\_\_\_

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

**PLEASE ATTACH A DEPOSIT SLIP OR A VOIDED CHECK TO THIS FORM  
SO WE CAN VERIFY THAT WE HAVE THE CORRECT INFORMATION.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date