



Arkansas Support Network

Supporting Choices and Opportunities for
Individuals with Disabilities and their Families

SINCE 1988

Authorization Agreement for Direct Deposits (ACH Credits)

I hereby authorize Arkansas Support Network, Inc. to initiate credit entries to my depository financial institution named below, hereinafter-called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.U.Law.

Depository Name: _____

This authorization is to remain in force and effect until Arkansas Support Network has received written notification from me of its termination in such time and in such manner as to afford Arkansas Support Network and DEPOSITORY a reasonable opportunity to act on it.

Which Check(s) would you like to have direct deposited? Please check all that apply. Circle one:

Payroll Check _____ Routing # _____ Account# _____ Checking/Savings

Care & Training Check _____ Routing # _____ Account# _____ Checking/Savings

Name _____ Social Security Number _____

(Please Print Clearly)

Date _____ Signature _____

Is your mailing address the same as what is printed on your check? _____ If not please provide correct address>

Note: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Attach voided check or photocopy of voided check and /or voided savings deposit slip:

*If Applicable: I acknowledge I have received my **Global Cash Card**.

Signature: _____ Date: _____

Main Office
6836 Isaac's Orchard Road
Springdale, AR 72762
Phone: (479)927-4100
Fax: (479)927-4101
Toll Free: 1-800-748-9768

"Arkansas Support Network operates, manages, and delivers service without regard to age, religion, disability, sex, race, color, or national origin."

Family Support Program
614 E. Emma, Suite 219
Springdale, AR 72764
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Fax: (479)927-1373
Toll Free: 1-800-748-9766