



Behavioral Health Specialists, Inc.  
 900 West Norfolk Avenue, Suite 200  
 Norfolk, NE 68701 (402) 370-3140

# Direct Deposit Authorization Form

**PLEASE PRINT**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Soc No    -   -

Telephone    -    -

**ACTION TYPE**

- New Authorization Set-up
- Change of Authorization (i.e. change account #, change financial institution, or change percentage of net pay)

**NOTE:** Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late request may result in a check being issued or deposit to an already established account (for change of authorization only). We suggest leaving your old account open until deposit to your new account has occurred.

You may select up to three separate accounts. You will receive a detailed Advice of Deposit.

Complete the account designation boxes (up to 3) including routing and account numbers, and attach required documentation:

- **Checking Account:** Attach a voided check
- **Savings Account:** Attach documentation from financial institution

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings | : :|. It cannot begin with a "5". If you are not sure which number to use, contact your financial institution for assistance.

**IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts, even if only one is changing. Enter the lowest % or \$ amount first and the highest % or \$ amount last. This form overrides (replaces) all prior designations.**

<b>ACCOUNT #1</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account No <input style="width: 100%;" type="text"/>	Requested amount for this account:
Bank Routing No <input style="width: 100%;" type="text"/>	<input type="checkbox"/> % Net Pay: _____%
Financial Institution Name _____	<input type="checkbox"/> Specific Amount: \$ _____
	<input type="checkbox"/> Entire Balance
<b>ACCOUNT #2</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account No <input style="width: 100%;" type="text"/>	Requested amount for this account:
Bank Routing No <input style="width: 100%;" type="text"/>	<input type="checkbox"/> % Net Pay: _____%
Financial Institution Name _____	<input type="checkbox"/> Specific Amount: \$ _____
	<input type="checkbox"/> Remaining Balance
<b>ACCOUNT #3</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account No <input style="width: 100%;" type="text"/>	Requested amount for this account:
Bank Routing No <input style="width: 100%;" type="text"/>	<input type="checkbox"/> % Net Pay: _____%
Financial Institution Name _____	<input type="checkbox"/> Specific Amount: \$ _____
	<input type="checkbox"/> Remaining Balance

**READ and SIGN** I hereby authorize Behavioral Health Specialists, Inc. (BHS) to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) indicated on this form. Further, I authorize the financial institution(s) to accept and to credit any credit entries indicated by BHS to my account. In the event that BHS deposits funds erroneously into my account, I authorize BHS and my financial institution to make appropriate adjustment(s).

This authorization remains in full force and effect until BHS receives written notice from me that I am terminating it, or until BHS has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_