

Direct Deposit Authorization

Employee information

Employee name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email: _____

CCO member information

CCO member name: _____

Medicaid number: _____

Financial institution information

Financial institution name: _____

Account type: Checking Savings

Please print account and routing numbers clearly and legibly

Account number: _____

Routing number: _____

I hereby authorize Veridian Fiscal Solutions to initiate direct deposit credit entries and, if necessary, to direct the financial institution above to initiate debit entries or adjustments to correct any deposit errors to my checking or savings account at the financial institution. I understand this authorization will override any previous authorization and will remain in effect until the date Veridian Fiscal Solutions has received written or electronic notification from me of its termination in such time and in such manner as to afford Veridian Fiscal Solutions and the financial institution named above a reasonable opportunity to act on it. I understand that I must immediately notify Veridian Fiscal Solutions before I close the account listed above while this authorization is in effect.

Signature: _____ Date: _____

Please attach a voided check or deposit slip. With this, we have all the information we need to make a direct deposit into your account.

A direct deposit stub for each payment will be available online. Simply log into your account and click on "Pay Stubs" under the "My Account" tab. If you need a paper copy of a pay stub, please contact us.

Please return this completed form and attachment to Veridian Fiscal Solutions by:

- 1) Email: ccoowa@veridiancu.org
- 2) Fax: 319-236-6785
- 3) Mail: P.O. Box 4502 Waterloo, IA 50704

