

**Senior Service America, Inc. (SSAI)
Agriculture Conservation Experienced Services (ACES) Program**

DIRECT DEPOSIT AUTHORIZATION FORM

I authorize the SSAI-ACES Program to deposit my paycheck to the account(s) indicated below:

Primary Account

() Checking Account () Savings Account Amount: _____

Financial Institution: _____

Address: _____

Account Number: _____ Transit/ABA Number: _____

Secondary Account

() Checking Account () Savings Account Amount: _____

Financial Institution: _____

Address: _____

Account Number: _____ Amount: _____

Authorization

Name: _____ Date: _____
(please print)

Address: _____

Signature: _____ Date: _____

**THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL ACES
RECEIVES WRITTEN NOTIFICATION OF A MODIFICATION**

You may elect direct deposit of your payroll check to more than one account by providing the appropriate information for each account. For **CHECKING ACCOUNTS**, include a voided check showing your name and address (no deposit slips will be accepted). For **SAVINGS ACCOUNTS**, include a form from your bank showing the ABA/Routing Number.

Please complete this form and return it to:

Agriculture Conservation Experienced Services (ACES) Program

Senior Service America, Inc.

8403 Colesville Road, Suite 1200

Silver Spring, Maryland 20910

Phone: (301) 578-8900 Fax: (301) 578-8895