



Senior Service America, Inc.

FS-ACES Pilot Program

In-Partnership with U.S. Department of Agriculture - U.S. Forest Service

8403 Colesville Road, Suite 200 • Silver Spring, Maryland 20910

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

DIRECT DEPOSIT

I authorize the SSAI to deposit my paycheck to the following account(s):

Primary Account

Checking Account Savings Account Amount: \$ _____

Financial Institution: _____

Address: _____ City _____ State ____ ZIP _____

Account Number: _____ Transit/ABA Number: _____

Secondary Account

Checking Account Savings Account Amount: \$ _____

Financial Institution: _____

Address: _____ City _____ State ____ ZIP _____

Account Number: _____ Transit/ABA Number: _____

Authorization

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Signature: _____ Date: _____

This authorization will remain in effect until SSAI receives written notification of modification.

You may elect direct deposit of your payroll check to more than one account by providing the appropriate information for each account.

For a **checking account**, include a voided check printed with your name and address (no deposit slips accepted).
For a **savings account**, include a form from your bank showing the correct account number and ABA/Routing number.

Please complete this form and mail it
with voided check and / or bank form attached
to the address at the top of this form.