

# Helping Hands Payee Services Inc.

## Direct Deposit Request

Client Name:	Telephone:
Physical Address:	Move In Date:
<p><i>Room Rental:</i> Renting a room in my house including ALL utilities. He/she has access to cooking facilities but must buy his/her own food.</p> <p><i>Assisted Living/Adult Foster Home - When available please provide 512 or billing statements.</i></p> <p><i>Other: (Please Describe)</i> _____</p>	

Rent Payable To:	Landlord/Manager/Contact Name:	Rent Amount:		
Mailing Address:	Landlord/Manager/Contact Phone:			
<b>ACH/DIRECT DEPOSIT PAYMENT AUTHORIZATION FORM - BILLING INFORMATION:</b>				
Name as it appears on Bank Account:	Address as it appears on Bank Account:			
Bank Name:	Routing Number:	Account Number:		
Account Type	Personal	Business	Checking	Savings
*ACH/DIRECT DEPOSIT AUTHORIZATION: I am an authorized owner of the above referenced account and hereby authorize Helping Hands Payee Services Inc. to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution indicated on this form.				
Account Holder's Signature:			Date:	

\* I know that anyone who makes or causes to be made, a false statement or representation of material fact in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law and/or State Law. I affirm that all information on this document is true and correct to the best of my knowledge.

\* I will notify Helping Hands Payee Services, Inc. immediately if there are any changes to this agreement.

Mailing Address:  
Post Office Box 1610  
Roseburg OR 97470

Roseburg Office: (541) 679-5318  
Medford Office: (541) 500-1593

Fax: (888) 817-4751  
Email: [office@helpinghandspayee.org](mailto:office@helpinghandspayee.org)  
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