

**CENTRA WELLNESS NETWORK
DIRECT DEPOSIT
AUTHORIZATION FORM**

I hereby authorize Centra Wellness Network (aka Manistee-Benzie Community Mental Health), hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called Depository, to credit and/or debit the same to such account in accordance with MCL 440.4601;(Article 4A, The Uniform Commercial Code as in effect in Michigan), and the Rules of the National Automated Clearing House Association (NACHA Rules). The authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Contractor Name (please print)

Contractor Signature

Date

ACCOUNT INFORMATION:

Bank Name	Routing/Transit #	Account #	Type of Account (checking/savings)

ADD – I am not currently participating in Direct Deposit.

CHANGE – I am currently participating in Direct Deposit, please change my account information.

DUE TO THE TIME REQUIRED FOR COMPANY AND BANK PROCESSING, PLEASE ALLOW ONE OR TWO WEEKS FOR PROCESSING.

PLEASE PROVIDE AN ADDRESS BELOW WHERE PAPER CHECKS CAN BE MAILED:

Contractor Mailing Address

Phone

City, State, Zip

Email