

St. Louis PARTNERS

Letter of Authorization for Direct Deposit

Foster Parent Name(s): _____ DVN: _____

I/We authorize St. Louis PARTNERS to directly deposit my/our monthly foster care maintenance payment to the bank account listed below. This authorization will go into effect during the next payment cycle and will remain in effect until I/we provide written instructions to stop such payments.

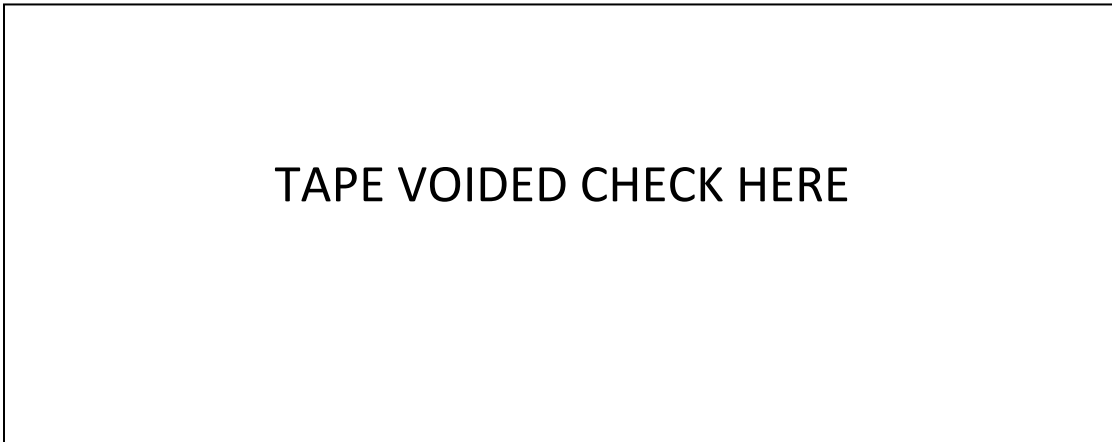
Name of Bank: _____

ABA/Routing Number: _____

Bank Account Number: _____

Name(s) on Bank Account: _____

A pre-printed voided check is required. Please verify that the bank account and routing numbers are correct. We cannot accept temporary checks. Please tape the check in the space provided below.



Signatures from all foster parents and account holders are required below. I/We agree to receive our monthly foster care maintenance payments directly deposited in our banking account as described above.

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

E-mail Address for Direct Deposit Notification: _____