

# Direct Deposit Request New/Change/Cancel



## Complete Provider Information

NAME (Please PRINT)		VENDOR/PROVIDER ID NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
DATE	SSN OR FED TAX ID	PHONE NUMBER	
<p><i>I understand that if I DO NOT notify Pathways immediately about changes to my account information, my payment may be delayed until the NEXT available pay period.</i></p> <p>SIGNATURE: _____</p>			



## Select new direct deposit, change account or cancel direct deposit

**NEW DIRECT DEPOSIT** OR  **CHANGE DIRECT DEPOSIT ACCOUNT**

I authorize Pathways and the institution named below, hereinafter called BANK, to make credit entries, and if necessary, debit entries for any credit entries made in error to my  **CHECKING**  **SAVINGS** account described below. I understand that **ALL** my payments from the CalWORKs and AP programs will be automatically deposited into the **SAME** account until I give written notification of cancellation or change of account. I also understand I must allow Pathways and BANK a reasonable time to act.

BANK NAME		BRANCH	
CITY		STATE	ZIP CODE
PHONE NUMBER	ABA/ROUTING NUMBER (Please ASK your bank)	ACCOUNT NUMBER	

**CANCEL DIRECT DEPOSIT**

I authorize Pathways to cancel **ALL** automated deposits into my  **CHECKING**  **SAVINGS** account for the CalWORKs and AP programs. I understand that **ALL** my payments for **ALL** programs will now be received by check and I am responsible for contacting Pathways if my mailing address has changed. I also understand I must allow Pathways and my bank or credit union a reasonable time to act.



**ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM IF REQUESTING DIRECT DEPOSIT INTO A CHECKING OR SAVINGS ACCOUNT AND MAKE A COPY OF THIS FORM FOR YOUR RECORDS.**



**RETURN TO:** Pathways, ATTN: Finance Department  
3550 W. Sixth Street Suite 500, Los Angeles, CA 90020