

A Second Chance, Inc.

Electronic Funds Payment Authorization Form

All foster care payments to caregivers will be made electronically through ACH (Automated Clearing House) credit (direct deposit) to a designated bank checking/savings account of your choice. No accounts payable paper checks will be issued. In order to gather the necessary information from you, **please carefully complete this form and return it to us.**

If you do not have an active bank checking or savings account, you will be required to open up an account in your name in order to receive payments by direct deposit. If you need assistance in opening your own account, please contact our office at 412.342.0701, option 1 and we can provide you with contact information on opening of your own account at PNC Bank.

In order for electronic payment to occur, specific information is needed from you at **least** 10 working days prior to any scheduled payment date. Please be aware that this 10 working day requirement for the information is necessary for the ACH system "pre-note authorization" process. Please note that this is a minimum timeframe, as the process may take longer if any of the information is incomplete or inaccurate, and that this applies only to the initial set-up period. After your account has been established and tested through the pre-note authorization process, payments can occur without delay. It is also important that should you close or change accounts, it is very important to communicate this immediately to avoid any delay in your payments.

Please complete the following information, read the acknowledgement statement below, sign and date the form, **attach a copy of a cancelled check** and return the form to A Second Chance, Inc. fiscal department as soon as possible. **Mail to: attn: Fiscal Dept, ASCI, 8350 Frankstown Avenue, Pittsburgh, PA 15221.**

First Name: _____ M.I.: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Name of Bank: _____ Branch: _____

Branch Phone Number: _____

Bank Account Transit ABA/Routing Number: _____

(typically this is the first series of numbers on your checks and consists of 9 digits)

Bank Account Number: _____

(typically this is the second series of numbers on your checks and varies in the number of digits)

Bank Account Type: _____ Checking _____ Savings

By signing below, I authorize A Second Chance, Inc. to use this information to establish EFT direct deposit payments through the banking ACH system and pay any foster care payments due to me. I also authorize A Second Chance, Inc. to debit (charge) my account in the event that a payment is made in error. In the event that we can not recover any funds back through the ACH debit process, I agree to fully reimburse A Second Chance, Inc. for any and all such payments that are overpaid in error.

Caregiver Signature

Date

Complete and mail to: attn: Fiscal Dept, ASCI, 8350 Frankstown Avenue, Pittsburgh, PA 15221

