

## Enrollee Programs

### DIRECT DEPOSIT FOR PAYROLL, TRAVEL ADVANCE AND REIMBURSEMENT

Direct deposit is available to all NOWCC enrollees. If you do not want direct deposit and prefer to receive a check, do not fill out this form.

- I would like direct deposit for my payroll only.
- I would like direct deposit for my travel advances and expense reimbursements only.
- I would like direct deposit for my payroll, travel advances and expense reimbursements.

**Enrollee Name** (Please Print): \_\_\_\_\_

**Enrollee Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

#### DIRECT DEPOSIT AUTHORIZATION

I, \_\_\_\_\_ authorize the National Older Worker Career Center to initiate debits\* and credits to my account. This authority remains in effect until canceled by me in writing.

**1. Payroll:**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Tel #: (\_\_\_\_) \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Account Type:

- Checking (Voided Check Must Be Attached)
- Savings

Authorized Banking Official's Signature (if savings acct) \_\_\_\_\_

**2. Travel Advances & Reimbursements:**

- Same as Payroll, or

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Tel #: (\_\_\_\_) \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Account Type:

- Checking (Voided Check Must Be Attached)
- Savings

Authorized Banking Official's Signature (if savings acct) \_\_\_\_\_

No business accounts or money market accounts accepted.

\* It is necessary to retain the option to debit accounts should a correction to an overpayment be necessary. This occurs very rarely but must be corrected if it does occur. If you question any transaction on your account statement, please contact Erin Dickey or Yvonne Bolton at (703) 558-4200  
Please complete, print, sign, date and attach a voided check. Do not fax this form.

**Mail this form to: NOWCC, 3811 N. Fairfax Dr., Suite 900, Arlington, VA 22203, Attn: Payroll**