



727 Ulster Avenue, Kingston, NY 12401
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www.rcal.org

Landlord Direct Deposit Form

Tenant(s) Name(s): _____

Bank Name: _____

Account Name: _____

Routing Number: _____

Account Number: _____

_____ Checking _____ Savings

Please Attach Voided Check here.
Or Obtain Authorized Signature from your bank

Account Holder _____

Routing Number _____ Account Number _____

____ I hereby certify that the above named account holder and account information is correct.

Bank Authorized Signature _____ Title _____ Date _____

I hereby authorize Resource Center for Accessible Living, Inc. (RCAL, Inc.) to direct deposit client rental payments into the above designated account.

Signature _____ Date _____

Print Name

For Office Use Only

Date Request Received

Approval
Yes / No

ACH Completion Date