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Personal Needs Allowance Direct Deposit Form

Bank Name: _____

_____ 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 my budgeted funds into the above designated account.

Signature Date

Print Name

For Office Use Only

Date Request Received

Approval Yes / No

ACH Completion Date
