RCAL REPRESENTATIVE PAYEE
at Resource Center for Accessible Living Inc

727 Ulster Avenue, Kingston, NY 12401 | www.rcal.org
TEL: 845.331-7039
FAX: 845.331.2076
reppayee@rcal.org

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