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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