



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

TEL: 845.331-7039

FAX: 845.331.2076

reppayee@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