In order to provide payments as quickly and efficiently as possible, the Indiana Youth Institute (IYI) offers the option of ACH electronic transfer of funds, in addition to paper checks.

To authorize IYI to electronically deposit your payments, please complete the attached Authorization Agreement for Direct Deposit and return with your W9 to your IYI contact, or mail to the address below:

Indiana Youth Institute  
Attn: Finance Department  
603 E. Washington St.  
Suite 800  
Indianapolis, IN 46204  
Secure fax: 317-396-2759

By opting into this service, it will allow for the delivery of payments at a faster pace.

If you should have any questions regarding the Authorization Agreement for Direct Deposit, please do not hesitate to contact our finance department.

Sincerely,

Indiana Youth Institute
Indiana Youth Institute
Authorization Agreement for Direct Deposits (ACH Credits)

NAME/ORGANIZATION NAME: ____________________________________________

ADDRESS: __________________________________________________________

PHONE NUMBER: ____________________________________________________

PRIMARY CONTACT: _________________________________________________

PRIMARY CONTACT EMAIL: ____________________________________________

I (we) hereby authorize Indiana Youth Institute, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) [ ] Checking [ ] Savings account (select one) indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME: ________________________________________________

BANK NAME: _______________________________________________________

ROUTING NUMBER: ___________ ACCOUNT NUMBER: _________________

This authorization is to remain in full force and effect until COMPANY has received written notification from DEPOSITORY of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): ___________________________ TITLE(S): _______________________

_____________________________ (PLEASE PRINT) _________________________ (IF APPLICABLE)

[ ] I elect to not opt into ACH electronic transfer of funds, and to receive a paper check via USPS mail.

DATE: ________________ SIGNATURE(S): _______________________________

_______________________________________________________________

(In order to ensure the correctness of the depository information, please attach a voided check (checking) or blank deposit ticket (savings) to the Authorization Form.)

Form updated: 9/12/2019