

\_\_\_\_\_New

\_\_\_\_\_Change

\_\_\_\_\_Cancel

I (we) authorize Community Hospital to initiate credit entries to the account indicated below with the financial institution named below. The authority to initiate entries shall include the authority to initiate debit entries and adjustments to any credit entries, for the purpose of correcting an error in the initiation or processing of credit entries pursuant to this authority. The authority herein granted shall remain in effect until Community Hospital has received written notice of termination from the undersigned. The termination of authority shall take effect within such time as the financial institution has a reasonable opportunity to act pursuant to the termination.

**Note:** If any change is made to the existing direct deposit record, a manual check may be issued on the next payment date. Direct deposit will then resume with the following payment.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Select one: \_\_\_\_\_ Checking Account or \_\_\_\_\_ Savings Account

**Attach below:** a voided check for checking account or savings deposit slip for savings account. Form will not be processed with out this.

Submit form and attachment to: Accounts Payable Department  
Community Hospital  
2021 North 12th Street  
Grand Junction, CO 81501  
(970) 257-6299