

# Automatic Withdrawal Authorization

## Part A - Account Information

- Checking Account (attached a blank check with VOID written across it)
- Savings Account (attach a savings deposit slip showing your account number with VOID written across it)
- I want the Missouri Department of Corrections to **change** the automatic withdrawal to the bank account named below.

**Financial Institution Routing Number** – Write your financial institution’s routing number printed in the bottom left portion of your checks or deposit slips (first 9 digits).

**Account Number** – Write your account number printed at the bottom of your checks following the routing number. It may be the first numbers after the routing number followed by the check number (Example 1) or the numbers that follow your check number (Example 2). The check number is NOT part of the account number. (See the examples below)

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Account Holder’s Name: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Financial Institution Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Example 1

Financial Institution	Check No. 1234	
Hometown, USA		
Pay To The Order Of	_____	
123456789	8765432109812	1234



Routing #



Account #



Check #

Example 2

Financial Institution	Check No. 1234	
Hometown, USA		
Pay To The Order Of	_____	
123456789	1234	8765432109812



Routing #



Check #



Account #

## Part B – Agreement

- I authorize the Missouri Department of Corrections to withdraw my Intervention Fee payment from my account.
- I want to cancel the automatic withdrawal for Intervention Fees.

I hereby authorize the Missouri Department of Corrections to withdraw a monthly Intervention Fee of \$30.00 from my checking or savings account with the financial institution indicated above. I understand this withdrawal will occur on or before the 5<sup>th</sup> of each month until I have completed my supervision or I chose to terminate this agreement. I recognize it is my responsibility to have sufficient funds in the account indicated above for the monthly withdrawal of my Intervention Fees.

This authorization will remain in effect until rescinded by the account holder. However, it is understood the Department of Corrections has the right to terminate the authorization if necessary.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Offender's Name

\_\_\_\_\_  
DOC ID No.

Mail this completed form to:

Missouri Department of Corrections  
Attn: Offender Financial Services  
P.O. Box 1848  
Jefferson City, MO 65102