



## DIRECT DEPOSIT ENROLLMENT FORM

COMPANY NAME: SAMHSA; prime contractor Weris, Inc.

CONTRACT NAME: SAMHSA Grant Review and Honorarium Payment Support System

CONTRACT NUMBER: 75S20319C00002

GRANT APPLICATION REVIEWER NAME:

*Grant application reviewer: Retain a copy of this form for your records and return the original to Weris. Please note that 100% of your deposit will be made to the account below.*

**COMPLETE TO ENROLL/ADD/CHANGE BANK ACCOUNTS—PRINT LEGIBLY IN BLUE OR BLACK INK ONLY**

Type of Account: ☐ Checking ☐ Savings

Account holder's name:

Routing/Transit Number (9 digits):

Checking/Savings Account Number (17 digits):

Financial Institution Name:

**GRANT APPLICATION REVIEWER CONFIRMATION STATEMENT—SIGN IN BLUE OR BLACK INK ONLY**

I authorize Weris, Inc. (on behalf of SAMHSA) to deposit my earnings into the bank account specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving amount. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the account holder or have the authority of the account holder to authorize Weris, Inc. (on behalf of SAMHSA) to make direct deposits into the named account.

Grant Application Reviewer Signature:

Date:

I confirm that the above-named grant application reviewer has added or changed a bank account for direct deposit transactions processed by Weris, Inc. (on behalf of SAMHSA). I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Weris Representative Printed Name:

Date:

Weris Representative Signature: