

## Account Information Form

*Use this form to set up an account for payment*

Family ID#: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account or Stored-Value Card Number: \_\_\_\_\_

Transit ABA Routing Number: \_\_\_\_\_

Type of Account (Choose One):     Checking                       Savings                       Stored-Value Card

Type of Account Holder (Choose One):     Adult                       High School (Grades 9-12)

Which community organization did you enroll at? (Choose One)

Brownsville                       Catholic Charities                       Citizens Advice Bureau

Groundwork                       Union Settlement                       Urban Health Plan

**If possible, please attach a copy of a void check here:**

JANE M DOE  
123 MAI  
ANYTOW **501**

DATE \_\_\_\_\_

**VOID**

PAY TO  
THE ORDER OF \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FIRST /  
456 SYC  
CHICAG

MEMO \_\_\_\_\_

① 0123456781    ② 987 65 432 1\* 0501

Routing Number                      Account Number

I, \_\_\_\_\_, agree to have Opportunity NYC payments deposited directly into the bank account listed above.

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

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

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