



DIRECT DEPOSIT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF CHILD CARE PROVIDER PAYMENTS

This form authorizes the Reimbursement agent to deposit child care provider payments directly into the bank account listed below and, if necessary, reverse any incorrect credit entries made in error related to the provider payments. I agree to resubmit this form immediately if this bank or bank account changes or if I decide to stop direct deposit.

Check One:  New Application  Change Direct Deposit Information  NO CHANGES – *New Contract Year*  
(Please complete form even if there are no changes at this time)

Cancel Direct Deposit  Waive Direct Deposit  Change in Federal ID (Tax ID)

*Child Care Provider Information: (please print clearly)*

Name of Provider or Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Daytime Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Provider Identification Number: \_\_\_\_\_  
Tax ID Number –or– SSN

*Information on Financial Institution:*

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

Address: \_\_\_\_\_

Bank's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Checking Account  Savings Account Bank Transit / Routing Number: \_\_\_\_\_  
(for Home Providers ONLY) (Ask bank for the transit/routing number for direct deposit)

*Bank Customer Information:*

Bank Account Number: \_\_\_\_\_

Name of Bank Account Holder (please print clearly): \_\_\_\_\_

>>>> PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION <<<<

**Provider Name or Business Name MUST Match Child Care License and VOIDED Check turned in.**

▶ \_\_\_\_\_  
Child Care Provider Signature

\_\_\_\_\_ Date

Revised 3/22/2010

