

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.

Please Check One of the Options Below:

New Application

Change Direct Deposit Information

Cancel Direct Deposit

Waive Direct Deposit

NO CHANGES - New Contract Year (Please omit completing this form if there are no changes at this time).

Child Care Provider Information:

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: _____

Telephone Number of Bank: _____

Type of Account: Checking Account Savings Account

Bank Transit / Routing Number: _____
(Ask bank for the transit/routing number for direct deposit)

Bank Customer Information:

Bank Account Number: _____

Name of Bank Account Holder: _____

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP (SAVINGS ACCOUNT ONLY) TO THIS APPLICATION

► _____
Signature of Provider

Date