

Direct Deposit Authorization Agreement for Child Care Provider

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)

Child Care Provider Information: (please print clearly)

Name of Provider or Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Email address for payment notification: _____

Daytime Telephone Number: _____ - _____ - _____

Provider Identification Number: _____ (Tax ID Number –or- SSN)

Information on Financial Institution:

Name of Bank: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip: _____

Telephone Number of Bank: _____ - _____ - _____

Checking Acct [] Savings Acct [] 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 print clearly: _____

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

Signature of Provider

Date

