



DIRECT DEPOSIT AUTHORIZATION FORM

This form needs to be completed by the child care provider **ONLY** and can be used for:

New Direct deposit **Change Bank Account Number**

Provider Instructions:

1. Complete sections 1, 2 and 3.
2. Specify where you want your reimbursement to be deposited.
3. Sign and return the original form to our office 15 days before the end of the month.
4. Direct deposit will be effective according to our reimbursement schedule.
5. Retain a copy for your records

Section 1 Child Care Provider Information

Child Care Provider Name(s): (As it appears on your child care license)		Provider ID Number
Address:		
Phone Number ()	E-mail	Monitor Name

Section 2 Bank Information

Financial Institution / Bank Name		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number	Account Number	

Please attach **ONE** of the following for bank account verification:

Voided Check **Direct Deposit Bank Letter**

Section 3 Certification

- I would like my reimbursement to be deposited as instructed before:
- I understand that the direct deposit service will not be processed unless I submit a voided check or required documentation to verify my account number. **(Please bring a valid photo ID if you are making changes in person)**

Provider Signature	Date
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Section 4 OFFICE USE ONLY

Entered By:	Date
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