

Office Use:  
Date Received:



Office Use:  
Vendor #: \_\_\_\_\_  
Provider ID#: \_\_\_\_\_

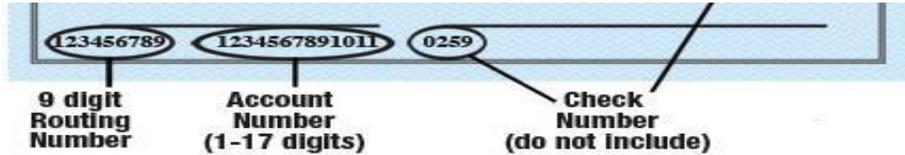
## Authorization Agreement for Automatic Deposit (Child Care Providers)

Provider Name: \_\_\_\_\_

Please check this box to decline / close automatic deposit. (Circle One)

To enroll in direct deposit, complete this form and give it to the Provider Specialist Department. If depositing money to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on the savings deposit slip. This will help ensure that you are reimbursed correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Important! Please read and sign before completing and submitting.

I hereby authorize Child Development Inc./Choices for Children to deposit any amounts owed to me directly into the account listed below. By initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form, I authorize "Bank" to accept and to credit any credit entries indicated by Child Development Inc./Choices for Children, to my account. In the event funds are deposited into my account in error, I authorize Child Development Inc./Choices for Children to debit my account for an amount not to exceed the original error amount.

This authorization is to remain in full force and effect until Child Development Inc./Choices for Children and "Bank" have received written notice from me of its termination in such time and in such manner as to afford Child Development Inc./Choices for Children and "Bank" reasonable opportunity to act on it.

Any changes to account, including closing account, require a new "Authorization Agreement for Automatic Deposit" form. Failure to complete and submit this form to Child Development Inc./Choices for Children at least 10 days prior to the event may result in delay of payment.

Provider Name (print): \_\_\_\_\_ Tax ID#/Social Security (last 4 digits) #: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Information.

Choose "either" #1 or #2 below. Make sure to indicate what kind of account.

1.  Checking (ATTACH COPY OF VOIDED CHECK)     Savings     Other \_\_\_\_\_

Bank Name/City/State: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing/Transit #: \_\_\_\_\_