

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT
CHILD CARE FOOD PROGRAM
FOOD REIMBURSEMENT PAYMENTS**

PROVIDER NAME: _____
PROVIDER #: _____ SOCIAL SECURITY #: _____

I hereby authorize Quality Care for Children to make food reimbursement payments owed to me by initiating credit entries or adjustment entries to the account number indicated in the blank below and I hereby authorize such bank to accept any debit/credit entries initiated by Quality Care for Children to such account. If money to which I am not entitled is deposited into my account, I authorize Quality Care for Children to direct my financial institution to return said funds. I am responsible for verifying all the deposits with my bank before I issue any checks against my account. The authority is to remain in full force and effect until Quality Care for Children has received **WRITTEN** notification of its cancellation from me or until Quality Care for Children discontinues Direct Deposit with 30 days notice (see below).

- Please be advised that it may take a maximum of one pay cycle before your food reimbursement check is deposited into your bank account. During this time, you will receive a live check in the mail.
- Please be advised that when you make a change to your bank account, you will receive a live check for one pay cycle. If your check continues to be deposited into your old account, please contact Quality Care for Children.
- Please be advised that when you **cancel** your deposit, it will be effective in the next pay cycle. There may be a one-cycle delay dependent upon when your request is received by Quality Care for Children. If your food reimbursement continues to be deposited into your account, please contact Quality Care for Children.
- Please be advised that Quality Care for Children reserves the right to discontinue the direct deposit with 30 days written notice to providers.

Attach a voided check in this space. (Required for processing)
Please call your bank to confirm your routing number.

Type of Account: _____ Checking _____ Savings

Name of Bank _____	Bank Phone _____
Bank Branch _____	Routing # _____
Bank Address _____	Account # _____
City, State Zip _____	DEPOSIT FULL AMOUNT

SIGNATURE _____ DATE _____