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CHILD CARE RESOURCE AND REFERRAL AGENCY

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### CACFP DIRECT DEPOSIT

Date: \_\_\_\_\_

I, \_\_\_\_\_, have received the necessary information concerning Direct Deposit and made the decision to participate in this program offered by the Sullivan County Child Care Council, CACFP Program.

I understand that only one information change (Bank Deposit, etcetera) can be made each year.

Provider's signature: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_




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OFFSET ACCOUNT

Direct Deposit Authorization Form

I hereby authorize the Sullivan County Child Care Council, Inc./CACFP, hereinafter called Company, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called Depository, to credit and/or debit the same such account. This authority is to remain in full force and effect until Company has received written notification from me (or either or us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it:

|                            |                               |                      |
|----------------------------|-------------------------------|----------------------|
| Name (Print)               | Signature                     | Date                 |
| Financial Institution Name | Financial Institution Address | Employee Number/SS # |

Check one:

I am not currently participating in the Direct Deposit Program

Add—Deposit my pay to the account shown.\*

I am currently participating in the Direct Deposit Program

Change—Change Financial Institutions and/or account number.\*

Cancel—Stop my participation in the program.

\*Due to the time required for Company and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

Tape you voided check here:

Account Type:     Checking,     Savings