SULLIVAN COUNTY CHILD CARE COUNCIL
YOUR LINK TO QUALITY CHILD CARE

CHILD CARE RESOURCE AND REFERRAL AGENCY

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: _____

7 Community Lane, Liberty, NY **Mail:** PO Box 186, Ferndale, NY 12734-0186 **Phone:** (845) 292-7166
Toll Free: (877) 292-7190 **Fax:** (845) 292-1755 **Email:** info@scchildcare.com **Website:** www.scchildcare.com

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Direct Deposit Authorization Form

I hereby authorize the Sullivan County Child Care Council, Inc./CACFP, to initiate direct deposit credit (and/or debit) entries. This authority is to remain in full force and effective until written notice is given, with reasonable opportunity to act:

Name (Print)	Signature	Date
Financial Institution Name	Financial Institution Address	SS #
Bank account #	Routing #	Checking or Savings account

**FEDERAL REGULATIONS REQUIRE THE BANK ACCOUNT BE IN THE NAME OF THE *INDIVIDUAL* PROVIDER

Due to the time required, allow one to two pay periods for processing. You will receive a regular check until the change can be completed.

I am ***not*** *currently* participating in the Direct Deposit Program

___ Add—Deposit my pay to the **account shown**.
One of the following is required to process this enrollment:
Checking account
___ ***Voided check with name imprinted (no starter checks), OR
___ ***Deposit slip (only if ACH R/T appears before routing #
OR
Savings account
___ ***Bank letter or specification sheet (including signature of local bank representative

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:: ***Attach required documents**

I *am currently* participating in the Direct Deposit Program
___ Change my Financial Institution and/or account number.
___ Cancel my participation in the program.

Confirmation
I authorize this document and agree that direct deposit transactions comply with all applicable law. My signature indicates that I am the account holder indicated:

X_____ Date_____

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