

Direct Deposit Enrollment Form For CACFP Payments
 Authorization for Automatic Funds Transfer

Please **PRINT** the following information:

_____ *Name of the bank/financial institution into which you want your funds deposited*

_____ *Address of your bank/financial institution including city, state and zip code*

_____ (____) _____ *Your name Phone Number Provider Number*

_____ *Email Address*

Direct deposit statements will be emailed to the address above. If you wish to receive notice via USPS, check here.

Which account do you want your CACFP reimbursement monies deposited? Please place a check next to the type of account below and provide us with the required information.

_____ CHECKING ACCOUNT: To have funds transferred into your checking account, you need only to send us a blank check that you have voided (a deposit slip may NOT give us the required information).

_____ SAVINGS ACCOUNT: To have funds transferred into your savings account, you must write in your savings account number and your ABA routing number below. Your ABA routing number has 9 digits.

_____ Savings Account Number

 _____ ABA Routing Number

Your ABA routing number will be located in the bottom left corner of your savings deposit slip. It will start with the numbers 09 or 29. If the number in the bottom left corner of your savings deposit slip does not begin with 09 or 29, you must call your bank to get this number.

I authorize Providers Choice, Inc. and Wells Fargo Bank to transfer funds intended as my Child and Adult Care Food Program reimbursement to be deposited directly into my checking or savings account. I understand that Providers Choice, Inc. will notify me of the amount of the deposit, and the number and type of meals on which the reimbursement amount has been figured for the month. I also understand that I must notify Providers Choice, Inc. in writing to change this method of payment and that it will take 30 days for the change to be processed. I understand that my direct deposit funds will be wired the day that Providers Choice, Inc. receives the CACFP reimbursement funds from the state. If the state funds arrive at Providers Choice, Inc. on a weekend, my direct deposit funds will be wired on the next available banking day. **I realize that it normally takes one to two banking days after the direct deposit funds are wired before my bank receives the funds to deposit in my account.**

_____ (Provider's Signature)

_____ (Date)