

Direct Deposit Authorization Form

Yours for Children, Inc. is pleased to offer you the convenience of **DIRECT DEPOSIT** of your monthly Child and Adult Care Food Program reimbursement. Simply complete and return this authorization form to enjoy the convenience of **DIRECT DEPOSIT**.

- * Select only one (1) bank account.
- * Deposits must be for the full reimbursement amount.
- * Remember, direct deposits may take up to two (2) business days to be credited to your account after funds have been released by **Yours for Children, Inc.**

For your added convenience, a copy of your reimbursement will be sent to you. This non-negotiable check will include the exact number of meals for which you were reimbursed, your year-to-date totals and other important information.

Yours for Children, Inc.

Authorization Agreement for Pre-authorized Deposits or Debits

Provider Name (Please print) _____ Provider # _____

Provider Telephone: (_____) _____

I hereby authorize **Yours for Children, Inc. (YFCI)** to deposit Child and Adult Care Food Program reimbursements into my account at the below named bank. **YFCI** is authorized to adjust any over-deposit which is caused to be made to my account.

I will not hold my bank liable for any erroneous deposits or adjustments by **YFCI**. It is understood that this agreement may be terminated by me at any time by written notification to **YFCI**. Any such notification to **YFCI** shall be effective only with respect to entries initiated by **YFCI** after receipt of such notification and a reasonable opportunity to act on it.

PROVIDER SIGNATURE _____

Date: _____

BANK ROUTING # _____

ACCOUNT # _____

IS THIS ACCOUNT CHECKING OR SAVINGS? _____