

**YFCI PAYMENTS ARE PROCESSED VIA DIRECT DEPOSIT.**

**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 (3) business days to be credited to your account after funds have been released by **Yours for Children, Inc.**

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**Yours for Children, Inc.  
Authorization Agreement for Pre-authorized Deposits or Debits**

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS OF FINANCIAL INSTITUTION: \_\_\_\_\_

BANK ROUTING # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

IS THIS ACCOUNT CHECKING OR SAVINGS? \_\_\_\_\_

I hereby authorize **Yours for Children, Inc. (YFCI)** to initiate entries to my (our) checking/savings accounts at the financial institution listed above (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Yours for Children, Inc. is notified by me (us) in writing to cancel it in such time as to afford Yours for Children, Inc. and THE FINANCIAL SYSTEM a reasonable opportunity to act on it. I guarantee and warrant that I am the legal signatory for this checking/savings account, and that I am legally authorized to enter into this agreement with Yours for Children, Inc.

Provider Name (Please print) \_\_\_\_\_ Provider # \_\_\_\_\_

Provider Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_