



Authorization Agreement for Reimbursement Options of Child Nutrition Program Claims

I hereby authorize 4C for Children, hereinafter called "4C," to initiate electronic entries to my (select one account below):

Bank Account:

_____ Checking Account¹

You must attach *one* of the following:

- a voided check with the magnetic media numbers on the bottom of the check
- an official document from your bank with account and routing numbers.

_____ Savings Account¹

You must attach the following to this form:

- an ACH deposit statement from your bank with account and routing numbers.

Prepaid Card:

_____ Prepaid Reloadable Card² issued by Comerica Bank, "SelectPayChekPlus"

_____ Other Prepaid Card²

You must attach the following:

- Prepaid card account information form with account and routing numbers.

¹ **Please note:** Deposit slips are not acceptable. No hand written bank information will be accepted unless it is from bank personnel with a signature (see below).

² **Please note:** By completing this form, you agree that 4C is not responsible for any issues related to the prepaid card, including delays in the availability of funds.

Discontinue Direct Deposit:

_____ Discontinue my current direct deposit and switch reimbursement to the method indicated above.

(If you do not select a new method above, your reimbursements will be switched to the Prepaid Reloadable Card method.)

All changes to reimbursement information must be submitted in writing to 4C.

Provider's Name: _____ (please print) Provider's signature: _____

Street Address: _____ City, State, ZIP: _____

E-mail address: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

Bank/Financial Institution Name: _____ City, State, ZIP: _____

This authority is to remain in full force and effect until 4C has received written notification from me of its termination, in such time and in such manner as to afford 4C and the Financial Institution a reasonable opportunity (typically one month) to act on it.

BANK PERSONNEL ONLY: CERTIFICATION OF PROVIDER'S FINANCIAL INSTITUTION

I certify that the above routing/transit number on the voided check or official bank document and account number are valid, and that we can accept ACH transfers.

Bank Representative Name: _____ (please print) Signature: _____

Title: _____ Phone: _____

Provider's Account #: _____ Routing #: _____

4C OFFICE USE ONLY:

Submitted to Finance _____ (date)