

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NUTRITION PROGRAM CLAIMS

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

_____ Checking Account **You must staple a voided check with the magnetic media numbers on the bottom of the check or an official document from your bank.** (deposit slips are not acceptable, no hand-written information will be accepted unless from bank personnel with their signature)

_____ Savings Account **You must attach an ACH deposit statement from your bank to this form.** (no hand-written information will be accepted unless from bank personnel with their signature)

_____ Prepaid Card (By completing this form, the provider is agreeing to not hold 4C to blame for any issues related to the debit card, including problems with the funds going to the card or time delays with the availability of the funds. **(Please attach prepaid card account information form)**)

All provider authorization and changes to direct deposit information must be submitted in writing to 4C. If an email address is supplied below, we will email you confirmation of receiving this form or any changes.

Your bank or financial institution name _____

City, State of bank _____

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 (minimum of two weeks) to act on it.

Provider's Name (please print): _____

Providers' Address: _____

E-mail address (required for remittance): _____

Provider's signature: _____

To be completed by 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 we can accept ACH transfers.


Name of Financial Institution's representative: print name: _____ signature: _____

Phone Number of Representative: _____

Title of Representative: _____

Account # _____ Routing # _____

 If **changing financial institutions** or **wish to discontinue direct deposit**, please submit in writing the previous bank account number and the new bank account number along with this form.

 4C cannot guarantee funds will be available due to delays with our financial institution or your financial institution in processing direct deposit payments.