

Authorization Agreement for Reimbursement Options to CNP Child Care Centers



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 magnetic media numbers with account and routing numbers on the bottom of the check.
 - an ACH statement from your bank with account and routing numbers.
- _____ Savings Account¹ You must attach the following to this form:
- an ACH statement from your bank with account and routing numbers.

Please note: Deposit slips are not acceptable. No hand written bank information will be accepted.

I’m changing financial institutions for Direct Deposit:

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

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.

4C OFFICE USE ONLY:

Submitted to Finance _____ Specialist _____
(date)

Finance ID Number _____ New Provider _____ Returning Provider _____