Authorization Agreement for Reimbursement Options of 4C CNP FAMILY CHILD CARE

No reimbursement information can be submitted to 4C for Children verbally or by email.
4C for Children uses electronic funds transfers (EFT) through the Automatic Clearing House (ACH) to pay reimbursements in the Child Nutrition Program (CNP). 4C for Children also collects requested W9 information to issue 1099-MISC forms each year as required by the Internal Revenue Service.

Only one account can be used. Please remember to submit a new online form if your banking information changes.

Bank Account:

1) Prepare to upload an image of one of the following:

Checking Account: You must attach *one* of the following:

- Voided check with your name, address and account and routing numbers on the bottom of the check.
- ACH (direct deposit) statement from your bank with account and routing numbers.

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

Savings Account:

- 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.*

2) Then select this link. Fill out the entire form and "submit" (https://forms.4cforchildren.org/jf?f=cnp).

☐ **FOR FocusCard, a Prepaid Reloadable Card issued by U.S. Bank, fill out the information below.**

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

☐ **To Discontinue Direct Deposit and switch reimbursement to FocusCard, the Prepaid Reloadable Card issued by U.S. Bank, fill out the information below.**

Provider's Name	Email Address
Street Address	City/State/ZIP
Phone	Date of Birth
Social Security Number	

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

Provider's signature: _____

4C FOR CHILDREN OFFICE USE ONLY:

Submitted to Finance Dept. on _____ 4C Specialist _____

Finance ID Number _____

CNP CHECK ONE:

Existing Provider (changing bank info)_____ New Provider_____ Returning Provider _____