

DIRECT DEPOSIT AUTHORIZATION FORM

I authorize Evergreen Child Care, Inc. (hereafter referred to as "Company") to direct deposit funds to my account with the financial institution listed below. If funds to which I am **not** entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to you for distribution.

Check one of the following: Start Stop Changing Account Adding an Account
 Effective Date: As Soon As Possible Future Pay date: _____ / _____ / _____

Account # – (Type of Account: please check one) Checking Savings

Financial Institution Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

ABA Bank Routing Number (must be 9 numbers)

Account Number (not to exceed 17 numbers)

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(Enter the above information from the bottom of your check or savings deposit slip, do not include the check number)

In order to sign up for Direct Deposit you must attach a copy of a personal check. For security reasons we recommend that the check is voided. **PLEASE STAPLE THE VOIDED CHECK TO THIS PAGE.**

This authorization will be in effect until the "Company" receives a written termination notice from the provider below:

Provider Signature

Date

Print First, Middle Initial and Last Name

Phone Number

Provider ID Number

I (the "provider") understand that by submitting this form means my entire federal reimbursement check will be deposited into the above institution. The above "provider" is required to sign this form to active direct deposit of their reimbursement checks. Direct deposit will start a month after received in the office.

The "Company" is to retain this document on file.