

AUTHORIZATON AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Child Care Associates to initiate credit entries (deposits) as well as adjustments for debit entries made in error to my:

Acct Type: _____ Checking ACH File Type: _____ Personal account – non-consumer
 _____ Savings _____ Business account- consumer

Account indicated below. I understand that such credits will be used for payment of my net pay.

BANK OR SAVINGS & LOAN NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

(ATTACH A VOIDED COPY OF A CHECK or BANK FORM FOR THIS ACCOUNT)

This authority remains in full force and effect until Child Care Associates has received written notification from me of its termination in such time and in such manner as to afford Child Care Associates and the above named bank or savings and loan a reasonable opportunity to act on it.

NAME (PRINT): _____

BUSINESS OR DBA NAME: _____

SOCIAL SECURITY NUMBER/EIN/TIN: _____

EMAIL NOTIFICATION: _____

SIGNED: (x) _____

DATE: _____

Program: USDA TC-CCMS WCTX-CCS VENDOR