

## DIRECT DEPOSIT

**Now, you can have your reimbursement check automatically deposited in your checking or savings account. You don't have to change your present banking relationship to take advantage of this service.**

**Direct Deposit will help you in many ways.**

- Save trips to your financial institution.
- Save time depositing your checks – no waiting in long lines to cash or deposit check.
- Eliminate the possibility of stolen or forged checks.
- Eliminate the possibility of lost checks in the mail.
- Deposit your money faster – reducing the possibility of overdrafts.
- Deposit your money, even if you're on vacation, sick, or away on business.

**Here's how Direct Deposit works:**

When checks are processed, you'll receive a statement, which shows the number of meals and snacks reimbursed along with the amount and date of the deposit. Your money will be electronically transferred into your designated account. We believe you'll like the added convenience of having your reimbursement automatically deposited for you. Direct Deposit is safe, convenient, and easy. To take advantage of this service, please complete the attached authorization form and return it to CCNI.

**The authorization form below gives CCNI and your financial institution the authority to deposit your check to your account. Simply complete the form to take advantage of Direct Deposit.**

1. Mark the account-type box to indicate whether your reimbursement should be deposited to your checking or savings account.
2. Fill in your name, provider number, name and location of your financial institution, and the date.
3. Attach a **voided check** for verification of all financial institution information. If you want the deposit to go into a savings account, the transit/routing number is different than your checking account. In that case, send a deposit slip.
4. **Be sure to sign the form!**

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**PROVIDER'S AUTHORIZATION** – Please fill out and return to CCNI.

I authorize my CACFP sponsor, Child Care & Nutrition, Inc., and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries which were incompletely funded by my sponsor or for any credit entries otherwise in error to my:

Checking account     Savings account

This authority will remain in effect, until I cancel it in writing.

⬅ **Please staple a voided check for checking or a deposit slip for savings.**

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
PROVIDER NUMBER

\_\_\_\_\_  
PROVIDER NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE