

Orem Child Care Nutrition Program, Inc.
Direct Deposit

Provider's Name: _____

Address: _____

Telephone Number: _____

AUTHORIZATION FOR DIRECT DEPOSIT PAYMENT

I authorize Orem Child Care Nutrition Program, Inc. to initiate electronic debit entries to my:

(Check one)

Checking Account or Savings account

I acknowledge that the originating of ACH transaction to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled it in writing.

**Please attach a voided check or a voided deposit slip

Name(s) on the Account - exact spelling

Financial Institution Name (Bank or Credit Union)

Branch Office (location and/or name)

Financial Institution (Bank or Credit Union) City and State

Account Number at Financial Institution (Bank or Credit Union)

Financial Institution (Bank or Credit Union) Routing Number (9 digits)

Signature _____ Date _____