

Direct Deposit Authorization Form

I hereby authorize, **Child Care Aware of Kansas**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments to any credit entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until Child Care Aware of Kansas has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Child Care Aware of Kansas and DEPOSITORY a reasonable opportunity to act on it. By typing your name in the signature line, you are proving authorization/confirmation of the information on this form.

WE REQUIRE A VOIDED CHECK TO BE ATTACHED TO THIS DIRECT DEPOSIT FORM.

Name (as on bank account): _____

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Routing Number: _____

CHECK TYPE OF ACCOUNT: CHECKING SAVINGS

Account Number: _____

Signature

Date

HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.



Call your financial institution to make sure they will accept direct deposits.



Verify your account number and routing transit number with your financial institution



Do not use a deposit slip to verify the routing number.

Routing Transit Number

Account Number

JOHN PUBLIC	1234
123 Main Street	_____ 19 _____
Your Town, FL 12345	
PAY TO THE ORDER OF _____	\$ _____
Your Town Bank	DOLLARS
Your Town, FL 12345	
For _____	
⌚ 250000005 ⌚ 1234556789022 ⌚	

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.

HANDWRITING SHOULD BE CLEAR AND LEGIBLE. PLEASE DOUBLE CHECK YOUR BANKING INFORMATION BEFORE SUBMITTING.