

DIRECT DEPOSIT OF USDA FOOD PROGRAM REIMBURSEMENT
Authorized Agreement

I hereby authorize Child Care Services of York County/Carelink RDC to make payment of any USDA Food Program reimbursement owing me for Direct Deposit to the Bank indicated below. The account must be established and active at your bank before you request direct deposit.

Please check the appropriate box:

- Initiate direct deposit
- Cancel direct deposit
- Change my current direct deposit to another account number
Account number you are replacing (required): _____

Bank Name: _____

Bank Address: _____

Indicate Type of Account: (check one) Checking Savings

Bank Transit Routing Number: (must be 9 digits)

Bank Account Number:

Withhold: (check one) Full Deposit Partial amount of \$ _____

This authorization is to remain in full force until CCSYC/CareLink RDC has received written notification from this provider of it's termination in such time and manner as to afford the Agency and the Bank a reasonable time to act on it. If funds to which I am not entitled are deposited to my account in error, I authorize CCSYC/CareLink RDC to direct the bank to return such funds.

Provider Name: _____

Social Security Number/EIN Number _____

Provider Signature: _____ **Date:** _____

*****REMINDER: You must attach a voided check**

The first direct deposit will be entered as a "zero" amount to verify account numbers, continuing direct deposits will be for your voucher reimbursement amount until notified otherwise.

Return to: CareLink, 906 Main Street, Sanford, ME 04073