

Center Direct Deposit Authorization Agreement

I (we) hereby authorize **Day Care Resources, Inc. (DCR)** to deposit my reimbursement or make reversals into the account listed below for the purposes of the CACFP. The authorization agreement remains in effect until **DCR** receives a written notice of termination from me, with reasonable time to act upon it, or until **DCR** notifies me of the termination of this agreement. I understand that my bank or credit union can take up to 48 hours to post my direct deposit to my account.

Contact Information

Facility Name: _____

Business Phone Number: (____) _____

Business Physical Address: _____

City: _____ Zip: _____

Name of Responsible Principle (Print): _____

Signature of Responsible Principle: _____ Date: _____

Required Financial Institution Information (Please Print Clearly)

Name of Financial Institution: _____

Account Type (check one): Checking _____ Savings _____

Business Account Number: _____

Business Transit Routing Number: _____

The Transit Routing Number is the 9 digit number located next to the account number at the bottom of your check and is also required for a savings account.

IMPORTANT

Send a voided check or deposit slip with this form. Print legibly on the form. Information that is not clearly legible will cause a delay in the sign up or account change process.

This authorization must be received on or before the 10th of the month to be effective for that month. Any questions regarding your direct deposit may be directed to DCR at (309) 925-2274.

**Day Care Resources, Inc.
P.O. Box 1103
Tremont, IL. 61568
Fax (309) 925-7833**

Office Use Only: Date Received: _____ Center Number: _____