



COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY, INC.

131-A STONY CIRCLE, SUITE 300 SANTA ROSA CA 95401 TEL (707) 544-3077 FAX (707) 544-2625
CHILD CARE REFERRALS (707) 544-3084 CHILD CARE FOOD PROGRAM (707) 522-1412

Direct Deposit Authorization Form

Provider Information

Print Name as it appears on Bank Account _____

Type of Request: (select one) New Request Change Cancel

Bank Account Information

Type of Account: (check one) Checking — Please attach voided check
 Savings — Please attach voided deposit slip

Bank Name: _____

Branch Address: _____

Account Number: _____

Bank Routing/Transit Number: _____

Disclosures

- Each month, you will be mailed documentation reporting the child(ren) for whom child care is being paid, the month, rates and units of reimbursement. The documentation may arrive a few days after the direct deposit takes place.
- You must give 30 days advance notice if you change banks, close or change account numbers linked with direct deposit.
- If an overpayment is made, you will be contacted immediately upon discovery of the error—before any action is taken. Under no circumstance will 4Cs reverse an overpayment to your account without prior notice.
- The first month of Direct Deposit is a “pre-note” or a test run and the check is still mailed, the second month is when the money goes directly into your bank account.
- Direct deposits and 4Cs are bound by the regulations of the National Automated Clearing House Association (NACHA). For information on NACHA visit www.nacha.org

By signing below, I agree and I understand the rules regulating my direct deposit request. I authorize direct deposit of the 4Cs payments into the account identified above. I agree and I understand that if I start and then stop or terminate services and begin services at any time, I will remain on direct deposit using the current account on file. I agree to continue using the current account on file until I have provided 4Cs with a 30-day endorsed Direct Deposit Authorization Form requesting any type of change.

Printed Name of Provider as contracted with 4Cs

Provider Phone Number

Provider Signature and Date