



## Authorization Agreement for Direct Deposit

### Authorization Agreement:

Name: \_\_\_\_\_  
(Print complete name)

Name of Authorized Person/s (for centers, joint accounts, partnerships or corporations):  
\_\_\_\_\_

Social Security Number (or) Tax ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of All Authorized Bank Account Signers (for centers, joint accounts, partnerships or corporations):  
\_\_\_\_\_

I hereby authorize **Davis Street** to initiate credit entries (for provider reimbursements) to my specified account at the financial institution named below.

I understand that **Davis Street** will send me a remittance advice slip within 48 hours of any Direct Deposit transaction.

Further, I agree not to hold **Davis Street** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This authorization will remain in full force and effect until **Davis Street** and your financial institution named below have received a 30-day Written Notice from you (the undersigned) of your request for a change of bank or account number.

### Bank Account Information:

**Please attach a blank, voided check (if you wish deposits to go to your checking account) or recent copy of your savings account bank statement (only that part that will give us your name and account number) (if you wish deposits to go to your savings account), and contact your bank for the appropriate routing number. This information will be maintained confidentially and securely.**

Name of Financial Institution: \_\_\_\_\_

Checking  Savings  Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

### For Fiscal Department Use Only

Child Care Provider ID: \_\_\_\_\_ Prenote Date: \_\_\_\_\_ Verified by: \_\_\_\_\_