Child Care Circuit

190 Hampshire Street
Lawrence, MA 01840

DIRECT DEPOSIT AUTHORIZATION

❑ NEW ❑ CHANGE ❑ CANCEL

❑❑❑❑❑❑❑❑

EMPLOYEE IDENTIFICATION NUMBER (EIN)

PROGRAM NAME_____

_____

_____

Privacy Act of 1974
Disclosure of your EIN and other personal information is solicited by the authority of Title 10, United States Code, Sections 3012 and 8012. The information is used to identify you in the Child Care Circuit voucher payment system and to correctly transmit your funds to the financial institution indicated.

NAME_____ |: 000000000 |:

(FINANCIAL INSTITUTION) ROUTING NUMBER

CITY _____STATE _____

❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑||• ❑ CHECKING ❑ SAVINGS

ACCOUNT NUMBER AT YOUR FINANCIAL INSTITUTION

I HEREBY AUTHORIZE CHILD CARE CIRCUIT, ITS AGENTS AND THE FINANCIAL INSTITUTION (S) INDICATED, TO DEPOSIT TO OUR ACCOUNT INDICATED ABOVE, THE T FULL AM OUNT DUE FOR ANY REIMBURSEMENT PERIOD WITH THE SAME EFFECT AS IF A CHECK HAD BEEN DELIVERED TO US FOR SUCH AMOUNT. IF FUNDS TO WHICH WE ARE NOT ENTITLED ARE DEPOSITED TO MY ACCOUNT, I AUTHORIZE CHILD CARE CIRCUIT AND ITS AGENTS, TO DIRECT THE FINANCIAL INSTITUTION (S) TO RETURN SAID FUNDS. THIS AUTHORITY REMAINS IN EFFECT UNTIL I FILE IN WRITING A NEW AUTHORIZATION FOR MY AGENCY/BUSINESS OR CANCEL MY PARTICIPATION. TERMINATION OF VOUCHER AGREEMENT ALSO VOIDS THIS AGREEMENT.

V O U C H E R P R O V I D E R

SIGNATURE_____DATE_____

POSITION _____

ATTACH VOIDED CHECK OR PERSONALIZED DEPOSIT SLIP FOR EACH FINANCIAL INSTITUTION HERE