



CHEMUNG  
COUNTY  
CHILD CARE  
COUNCIL, INC.

Leading The Way To Child Care That Works

1580 Lake Street – Suite 200  
Elmira, New York 14901  
**(607) 734-3941** Fax: (607) 737-7293

## CACFP Direct Deposit Enrollment Form

Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_, yes, I would like direct deposit at this time. (Please read the following and complete, sign, and date authorization form.)

\_\_\_\_\_, yes, I would like my direct deposit statement e-mailed to me at the following e-mail address.

I here-by authorize the Chemung County Child Care Council Inc. to deposit any amounts owed to me by initiating credit entries to my account at the financial institution I designate. Further, I authorize the financial institution to credit any credit entries indicated by Chemung County Child Care Council to my account. In the event that the Chemung County Child Care Council deposits funds erroneously into my account, I authorize the Chemung County Child Care Council to debit my account for the amount not to exceed the original amount of the erroneous credit.

I understand that the information I provide will only be used for the purpose of crediting my account per my directive.

This authorization is to remain in full force and effect until the Chemung County Child Care Council and the financial institution have received written notice from me of its termination in such time and in such manner as to afford the Chemung County Child Care Council and the financial institution reasonable opportunity to act on it.

***Please provide a voided check or voided deposit slip for the account you are having funds deposited into. If you have no checks or deposit slips please provide a copy of a statement from the institution (be sure to black out any information regarding current funds you have in the account). This information will insure appropriate routing and account numbers for any transactions.***

Bank name/City/State: \_\_\_\_\_

Type of account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

**“This institution is an equal opportunity provider.”**