



## 4Cs of Alameda County Authorization Agreement for Direct Deposit

### AUTHORIZATION AGREEMENT

Name:\* \_\_\_\_\_ Phone Number: \* \_\_\_\_\_  
(Print Complete Name)

Name of all authorized person/s (This applies to joint accounts, centers, partnerships, and corporations.)

\* \_\_\_\_\_

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

Email address \* \_\_\_\_\_

I hereby authorize **4Cs of Alameda County** to initiate credit entries for provider reimbursement (CACFP funds) and, if necessary, debit entries/adjustments to recover any overpayment to my specified account at the financial institution named below.

I understand that **4Cs of Alameda County** will send me a remittance advice slip within 48 hours of any direct deposit transaction.

Further, I agree not to hold **4Cs of Alameda County** 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.

#### IMPORTANT NOTICE

This authorization will remain in full force and effect until **4Cs of Alameda County** and your financial institution named below have received a **30-day Written Notice** from you of your request for a change of bank or account number.

### BANK ACCOUNT INFORMATION

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

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

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

### SIGNATURE

Signature/s of all authorized bank account signers (for joint accounts, center, partnerships and corporations):

\_\_\_\_\_ Date of signature:

Please attach a blank, voided check for deposits to go to your checking account. Or, if you wish your direct deposit to go to your savings account, please supply a copy of a recent savings account statement. You only need to supply the section which lists your name, address, account number and routing number.

FOR FISCAL DEPARTMENT USE ONLY

DATE PROCESSED: \_\_\_\_\_