

Orem Child Care Nutrition Program, Inc.
Direct Deposit

Name: _____

Address: _____

Telephone Number: _____

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Orem Child Care Nutrition Program, Inc. to initiate electronic debit entries to my:

(Check one)

Checking account or Savings account

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

****Please attach a voided check.**

Date _____

Financial Institution Name (Bank or Credit Union)

Account Number at Financial Institution (Bank or Credit Union)

Financial Institution (Bank or Credit Union) Routing/Transit Number

Financial Institution (Bank or Credit Union) City and State

Signature _____