

# Direct Deposit Enrollment Form

**Instructions to Providers:**

1. Complete all of the information below
2. Return the completed form to: Valley Oak Children's Service, 287 Rio Lindo Ave., Chico, CA 95926
3. Effective 2-1-09, Valley Oak Children's Services will no longer issue checks for reimbursements. All reimbursements will be paid by **Direct Deposit** or **Pay Card**.

**PROVIDER'S INFORMATION:**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number (including area code) ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security Number or EIN(Employer Identification Number) \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-mail address \_\_\_\_\_

**BANK ACCOUNT:**

Type of Account \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Full Name on Bank Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

Complete **both** boxes below:

I authorize Valley Oak Children's Services to deposit all funds to the Bank Account named above, and, if necessary, initiate adjustments for credits posted in error.

I have attached a voided personal check for the checking account named above or a bank deposit slip for the savings account named above.

A VOIDED PERSONAL CHECK MUST BE ATTACHED IF THE FUNDS ARE TO BE DEPOSITED TO A CHECKING ACCOUNT.

A SAVINGS ACCOUNT BANK DEPOSIT SLIP MUST BE ATTACHED IF THE FUNDS ARE TO BE DEPOSITED TO A SAVINGS ACCOUNT.

**AUTHORIZED BY:**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature