

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, 3120 Cohasset Rd., Suite 6, Chico, CA 95973
3. Check what applies: [] **Child Care Payment Program** and/or [] **Food Program**

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) _____

E-mail address _____

BANK ACCOUNT:

Type of Account _____ Checking _____ Savings

Full Name on Bank Account: _____

Account Number: _____

Routing 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 statement provided by the financial institution indicating their routing number and my account number

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

IF A PERSONAL CHECK IS NOT AVAILABLE, A STATEMENT PROVIDED BY THE FINANCIAL INSTITUTION INDICATING THEIR ROUTING NUMBER AND YOUR ACCOUNT NUMBER MUST BE ATTACHED.

AUTHORIZED BY:

Printed Name

Signature