

## ACH CREDIT (DIRECT DEPOSIT) AUTHORIZATION AGREEMENT

COMPANY NAME: Children's Home Society of California	COMPANY IDENTIFICATION NUMBER: 95-1690976
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### AUTOMATIC DEPOSITS

I (We) hereby authorize Children's Home Society of California (CHS), hereinafter called COMPANY, to initiate credit entries to my (our)  **Checking**  **Savings** account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY (BANK) NAME	BRANCH	
CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Please print)	SOCIAL SECURITY (or Employer Identification) NUMBER
EMAIL ADDRESS	PROVIDER ID NUMBER

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### INSTRUCTIONS FOR COMPLETING THIS FORM

Complete this form only if you would like to receive payment by electronic direct deposit, instead of a paper check. (If you do not complete this form, then any payments made to you will be by paper check instead of direct deposit.)

- ✓ The bank account that is used for direct deposit must belong to the provider who is providing the child care.
- ✓ The first name, last name, and tax identification information (social security number or employer identification number) for the bank account must match the information that you provided to the CHS program.
- ✓ A valid email address is required in order to establish direct deposit.
- ✓ A blank voided check from your bank account must be attached to this form.

If CHS receives your complete *ACH Credit (Direct Deposit) Authorization Agreement* by the 15<sup>th</sup> day of the month, then direct deposit will be used for payments that are issued the following month. If CHS receives this information on or after the 16th day of the month, then direct deposit will be available one additional month later. Incomplete request forms or forms that are rejected by the bank will be returned to you. Direct deposit will not be set up, and you will continue to receive any payment by paper check, until the *ACH Credit (Direct Deposit) Authorization Agreement* is received complete and accepted by the bank.

### INSTRUCTIONS FOR SUBMITTING THIS FORM

Please mail this completed document, along with a voided check to the CHS office nearest you. For any inquiries, please contact [Payments@chs-ca.org](mailto:Payments@chs-ca.org)

Attach voided check here