

***Direct Deposit Enrollment Form***

Authorization Agreement For Direct Deposit (ACH Credits)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I hereby authorize Del Norte Child Care Council, hereinafter called DNCCC, to initiate credit entries and to initiate debit entries and adjustments for any credit entries made in error to my account. If I am overpaid or underpaid DNCCC has the right to credit or debit my account accordingly.

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings (Select One)	<b>***Please attach a voided check for this account.***</b>	
Bank: _____	Branch: _____		
City: _____	State: _____	Zip: _____	
Routing Number*** (left side of check) ____-____-____-____-____-____-____-____-____ (nine digits)			
Account Number***: (center of check) _____			

This authorization is to remain in full force and effect until DNCCC has received written notification from me of its termination in such time and in such manner as to afford DNCCC and my bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*This information can be found on the bottom of your personal check.**

**Attach your check here**