



Direct Deposit Form

☐ **New Account** ☐ **Change of Account**

Provider Name: _____

Phone Number: _____

Name of Bank: _____

Type: ☐ **Checking** ☐ **Savings**

Account Number: _____

Routing Number: _____

Type of verification: ☐ **Canceled Check** ☐ **Bank Letter**

Provider Signature:

(Photo ID)

(Void Check)

Day Care Home Sponsor Use Only

Printed Name of Monitor: _____

Signature of Monitor: _____

Date: _____ **Provider ID:** _____

Signature of Nutrition Support Specialist: _____

Date: _____



Check Payment Form

The Child and Adult Care Food Program (CACFP) is a federally funded program that provides payments for eligible meals served to participants who meet age and income requirements.

I understand that:

- The name in which my reimbursement is listed matches the name on my license.
- I am signing this form to allow Chicano Federation's Nutrition Program to reimburse for my claimed meals as a manual check.

Name (s): _____

Address: _____

Telephone: _____

Email: _____

Policy to change to direct deposit:

- I will continue to receive a check by mail until Direct Deposit is activated, which may take 4-6 weeks.
- I will be required to submit a 30-day advance written notice to Chicano Federation's office.

My signature below acknowledges my acceptance of check payment for my Chicano Federation's Nutrition Program (Child Care Food Program) reimbursements.

Provider Signature: _____ **Date:** _____

Day Care Home Sponsor Use Only

Printed Name of Monitor: _____

Signature of Monitor: _____

Date: _____ **Provider ID:** _____

Signature of Nutrition Support Specialist: _____

Date: _____