



Child and Adult Care Food Program

Direct Deposit

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I hereby authorize Frontier Behavioral Health Child and Adult Care Food Program to initiate credit entries to my (select one): Checking Account Savings Account indicated below at the financial institution specified, and to credit the same to such account.

I acknowledge that the organization of ACH transactions to my account must comply with the provisions of U.S. Law.

Bank Name: _____

Routing #: _____ (1st 9 numbers before your account number)

Account #: _____

Please also attach a copy of a deposit slip or a voided check

This authorization is to remain in full force and effect until Frontier Behavioral Health Child and Adult Care Food Program has received written notification from me of its termination in such time and in such manner as to afford Frontier Behavioral Health Child and Adult Care Food Program a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Provider ID: _____

Signature: _____

Date: _____