



Ohio Child Care
Resource & Referral
Association

Authorization Agreement for Direct Deposit of Reimbursement for Child Nutrition Program Claims

I hereby authorize OCCRRA to initiate electronic entries to my (select one account below):

_____ Checking Account

Attach one of the following:

- Voided check with the magnetic media numbers on the bottom of the check
- Official document from your bank with account and routing numbers

_____ Savings Account

Attach the following:

- ACH deposit statement from your bank with account and routing numbers

Please note: Deposit slips are not acceptable. No handwritten bank information will be accepted unless it is from bank personnel with a signature.

All changes to reimbursement information must be submitted in writing to OCCRRA

Provider's Name: _____

Provider's Signature: _____

Street Address: _____ City, State, Zip: _____

Email Address: _____ Phone: _____

Date of Birth: _____ Social Security #: _____

Bank Name: _____ City, State, Zip: _____

This authority is to remain in full force and effect until OCCRRA has received written notification from me of its termination, in such time and in such manner as to afford OCCRRA and the Financial Institution a reasonable opportunity (typically one month) to act on it.

BANK PERSONNEL ONLY: CERTIFICATION OF PROVIDER'S FINANCIAL INSTITUTION

I certify that the above routing/transit number on the voided check or official bank document and account number are valid, and that we can accept ACH transfers.

Bank Representative Name: _____ Title: _____

Bank Representative Signature: _____

Provider's Account # _____

Provider's Routing #: _____