



www.pccpa.org

(281) 912-3054

12808 West Airport Blvd Sugar Land, TX 77498

DCC - DCH
DIRECT DEPOSIT

Site Name: _____ # _____

Address: _____ City: _____ ZIP: _____

Tel: _____ Email: _____

Alt Tel _____ School District: _____

Owner: _____ Director: _____

Cook: _____ Assisten Director: _____

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize PCCPA to electronically transfer (EFT) my provider reimbursement payments to me each month to the bank account number I have provided. I have supplied a voided check below.

Site Signature

Date

AFFIRMATION OF UNDERSTANDING

I have read the Provider Handbook and the Provider Policies. I have reviewed the information on Appeal Rights, Required Training Program Responsibilities, Record Keeping, and Civil Rights. I understand and agree to comply with these requirements

Site Signature

Date

DISTRUBUTION INFORMATION

(WIC Flyer, "Building for the Future" Parent Letter, Potential participants by Racial/Ethnic Categories. H162:SA, Income Eligibility Qualifying Form. Child Enrollment Form We have received the parent material listed above and understand it MUST be distributed to all of the parents of all current and future daycare children. We also require the parents to sign a form you provided confirming they have received this material and we will maintain this form in the child's records.

Site Signature

Date