



(281) 912-3054

12808 West Airport Blvd Sugar Land. TX 77498

Direct Deposit Authorization Agreement
Child Care Food Program
Food Reimbursement Payments

Legal Name: _____

DBA Name: _____

Provider #: _____ Fein: _____

I hereby authorize PCCPA to make food reimbursement payments owed to me by initiating credit entries or adjustment entries to the account number indicated in the blank below and I hereby authorize such bank to accept any debit/credit entries initiated by PCCPA to such account.

Please be advised that it may take a maximum of one pay cycle before your food reimbursement check is deposited into your bank account.

- Please be advised that when you make a change to your bank account, you will receive alive check for one pay cycle.
• Please be advised that when you cancel your deposit, it will be effective in the next pay cycle.

If your food reimbursement continues to be deposited into your account, please contact PCCPA.

- Please be advised that PCCPA reserves the right to discontinue the direct deposit with 30 days written notice to providers

Attach a voided check in this space. (Required for processing)
Please call your bank to confirm your routing number

Type of Account: _____ Checking _____ Savings

Name of Bank _____ Bank Phone _____
Bank Branch _____ Routing # _____
Bank Address _____ Account # _____
City, State Zip _____ Deposit Full Amount

This institution is an equal opportunity provider