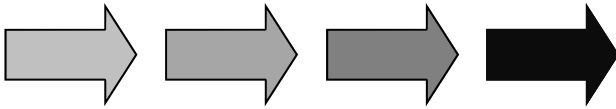


Direct Deposit Form



Check all that apply:

- I am a Subsidized Program Provider
- I am a Food Program Provider

→→→ REQUIRED ←←←

You must attach a voided check or other supporting documentation that verifies this bank account is in **your** name.

The supporting documentation must include your **NAME** and **THE ACCOUNT NUMBER**

Company Name: *Solano Family & Children's Services*

Company ID Number: *N/A*

I (we) authorize *Solano Family & Children's Services*, hereinafter called COMPANY, to initiate CREDIT entries to my (our) account at the depository financial institution (bank/credit union) named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of your Bank or Credit Union:

Bank Branch (Optional):

Bank City:

Bank State:

Bank Zip Code:

Please deposit into my : Checking account OR Savings account

Bank Routing Number:

Your Account Number:

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Your Name(s) as it appears on your bank account:

Last 4 digits of your Social Security Number or Tax ID number:

Today's Date:

Your Signature:

Your E-mail Address:

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Notes: _____

