

Center Direct Deposit Authorization Agreement

I (we) hereby authorize **Day Care Resources, Inc. (DCR)** to deposit my reimbursement or make reversals into the account listed below. The authorization agreement remains in effect until **DCR** receives a written notice of termination from me, with reasonable time to act upon it, or until **DCR** notifies me of the termination of this agreement. I understand that my bank or credit union can take up to 48 hours to post my direct deposit to my account. I also understand that I am responsible for checking with my financial institution to ensure my reimbursement is available before accessing this money.

Contact Information

Name: _____

Daytime Telephone Number: (_____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Center Number: _____

Signature: _____ Date: _____

Required Financial Institution Information (Please Print Clearly)

Name of Financial Institution: _____

Account Type (select one): Checking _____ Savings _____

Account Number: _____

Transit Routing Number: _____

The Transit Routing Number is the 9 digit number located next to the account number at the bottom of your check and is also required for a savings account. This number may also be obtained by calling your Financial Institution.

IMPORTANT

Print legibly on the form. Information that is not clearly legible will cause a delay in the sign up process. Please send a voided check along with this form to ensure accuracy.

This authorization must be received on or before the 10th of the month to be effective for that month. Any questions regarding your direct deposit may be directed to DCR at (309) 263-0701.

**Day Care Resources, Inc.
P.O. Box 1103
Tremont, IL. 61568-1103
Fax (309) 925-7833**