

ALLIANCE FOR CHILDREN

Direct Deposit

Provider's Name: _____

Address: _____

Telephone Number: _____

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Alliance for Children to initiate electronic debit entries to my:
(Check one)

Checking account or Savings account

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

****Please attach a voided check or a voided deposit slip**

Name(s) on the Account – exact spelling

Financial Institution Name (Bank or Credit Union)

Branch Office (location and/or name)

Financial Institution (Bank or Credit Union) City and State

Account Number at Financial Institution (Bank or Credit Union)

Financial Institution (Bank or Credit Union) Routing Number (9 digits)

Signature _____ Date _____