

# 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: \_\_\_\_\_

Site/Provider 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. If the information cannot be read you may be required to send a voided check.**

**This authorization must be received on or before the 14<sup>th</sup> 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 380  
Morton, IL. 61550  
Fax (309) 263-7833**