



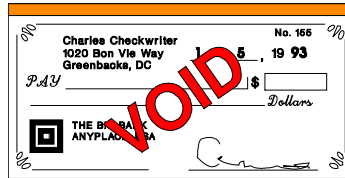
Authorization for Direct Deposit of CACFP Reimbursement

CHANGE

I hereby authorize Child Care Links to initiate the following changes to my previous direct deposit request.

- New Checking account New Savings account
- Stop Direct Deposits and send checks by mail

(Please attach a blank personalized voided check.)



Date to Implement Change: _____

Printed Name

Provider signature

Date

For office use only:

Site #: _____

- Access for Bank
- Q-books
