



DIRECT DEPOSIT AUTHORIZATION

PROVIDER NAME: _____

PROGRAM: The Child and Adult Care Food Program

BANK NAME: _____

**EXACT NAME(S) ON
THE ACCOUNT:** _____

CHECKING OR SAVINGS? _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

SIGNATURE: _____

DATE: _____

Please return to the Alpha & Omega Child and Adult Food Program when completed.

Please submit a voided pre-printed check or savings account deposit letter from your bank. This will be necessary to ensure the exact routing of your funds. Reimbursement for deposit **cannot be processed** without this authorized requested documentation.

Effective with the next scheduled stipend payment, I authorize Alpha & Omega Nutrition Program incorporated to directly deposit my reimbursement payment using the above account information.