Direct Deposit Authorization Agreement

I hereby authorize Day Care Connection, Inc (DCC) to deposit my reimbursement or make adjustments into my account listed below. This authorization agreement remains in effect until DCC receives written notice of termination from me, with reasonable time to act upon it, or until DCC sends me written notice of termination of this agreement. I understand my bank or credit union can take up to 48 hours to post direct deposit to my account. I also understand I'm responsible for checking with my financial institution to ensure my reimbursement is available BEFORE accessing this money.

It's YOUR responsibility to notify DCC of ANY changes to your account info by the 15th of each month.

Contact Info-

PRINT Name: _____

Phone Number: _____

Street Address: _____

City: State: Zip: _____

DCC Number (if known): _____

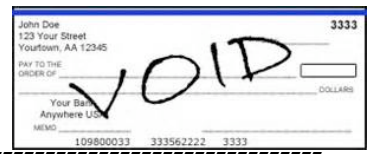
Signature: _____

For confirmation, e-mail address is: _____

Required Financial Institution Info-

Account Type (circle 1): Checking Savings

Along with this agreement, remember you MUST also INCLUDE A VOIDED CHECK. You CANNOT use our Direct Deposit system unless 1 is provided. - *Attach voided check below.* -



-Return to DCC using any of these methods: SCAN & E-MAIL to (kelly@daycareconnection.org) OR FAX to (913-529-1212) OR MAIL to (ATTN: Kelly, DCC, 8853 Long, Lenexa,KS, 66215).

Feel free to call with any questions, 529-1200.