SENDCAA DIRECT DEPOSIT

DIRECT DEPOSIT AUTHORIZATION FORM

Complete and return to the SENDCAA OFFICE or e-mail to foodprogram@sendcaa.org

Account Type: ☐ Checking Acct No. _____ ☐ Savings Acct No. _____

_____ _____

Provider Name | Financial Institution

_____ _____ _____

Location (Branch) | City | State

I authorize SENDCAA and the financial institution named above to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to the SENDCAA CACFP.

_____ _____

Signature | Date

Provide your bank's routing number: _____

*If unavailable, please include a voided check or savings deposit slip when returning this form

SENDCAA
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

SENDCAA Child/Adult Care Food Program
3233 South University Drive
Fargo, ND 58104
Phone: 701-232-2452