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 foodprog@4-C.org

## 4-C Child and Adult Care Food Program

### DIRECT DEPOSIT ENROLLMENT FORM

4-C CACFP Provider Number		
Email Address		
First Name	MI	Last Name
<b>FINANCIAL INSTITUTION</b>		
Name of Financial Institution		
City		State
<b>ACCOUNT TYPE</b>		
<b>Checking</b>	Account Number	Routing Number
<b>Savings</b>	Account Number	Routing Number

#### Terms and Conditions

1. You will be responsible for verifying your deposit with your financial institution.
2. Your financial institution must be a member of an Automated Clearing House (contact your financial institution if you are not sure).
3. You must complete the Direct Deposit Enrollment Form to enroll in the Direct Deposit program, which is required for reimbursement from the 4-C CACFP. A signed and dated form must be on file at the 4-C CACFP office. Once your form is received by 4-C, there may be a short administrative processing period before the enrollment will become effective. If so, you will receive a paper check during this period.
4. If an electronic transfer is returned to the 4-C CACFP, or for any reason cannot be made to your account, the 4-C CACFP will investigate the cause and after the funds are located, will issue a paper check to you if necessary.
5. It is your responsibility to notify the 4-C CACFP immediately of any changes in your account, such as account closure or change in account number. If changes in your account occur, you will need to fill out a new Direct Deposit Enrollment Form and indicate the action as a Change.
6. Your financial institution and/or the 4-C CACFP may cancel Direct Deposit. The 4-C CACFP reserves the right to automatically cancel your participation in the Direct Deposit program upon termination of your participation in the CACFP.
7. The 4-C CACFP assumes no responsibility for any financial institution charges incurred because of temporary or permanent discontinuation of Direct Deposit.
8. If you are re-enrolling in the CACFP, a new Direct Deposit Enrollment Form must be submitted.
9. The information you are requested to provide on this form is confidential and is needed to process your Direct Deposit reimbursement. The information will be used to process reimbursement data from the 4-C CACFP to your financial institution. All sections of the Direct Deposit Enrollment Form must be filled out completely.

I hereby authorize 4-C to deposit any amounts owed to me by initiating credit entries to my account at the financial institution indicated on this Direct Deposit Enrollment Form. Further, I authorize the financial institution to accept and to credit any credit entries indicated by 4-C to my account. In the event that 4-C deposits funds erroneously into my account, I authorize 4-C to debit my account for an amount to not exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until 4-C and the financial institution have received written notice from me of its termination in such time and in such manner as to afford 4-C and the financial institution reasonable opportunity to act on it. **I have read and accept all terms and conditions of the 4-C Direct Deposit program.**

Provider Signature	Date
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This institution is an equal opportunity provider.