



PORTER – LEATH

DIRECT DEPOSIT AUTHORIZATION (OPTIONAL)

PROVIDER NAME: _____

PROGRAM: The Child and Adult Care Food Program

BANK NAME: _____

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

CIRCLE ONE: CHECKING SAVINGS

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Please attach a voided pre-printed check or savings account deposit letter from bank. This will be necessary to ensure the exact routing of your funds. Finance cannot process this authorization without requested documentation.

Effective with the next scheduled stipend payment, I authorize Porter-Leath to directly deposit my reimbursement payment using the above information.

SIGNATURE: _____

DATE: _____
Please return to the Child and Adult Food Program Manager when completed.