

# Account Change Form

## Direct Deposit Authorization Agreement

I (we) hereby authorize **Day Care Resources, Inc. (DCR)** to deposit my reimbursement or make reversals into the account listed below. The authorization agreement remains in effect until **DCR** receives a written notice of termination from me, with reasonable time to act upon it, or until **DCR** notifies me of the termination of this agreement. I understand that my bank or credit union can take up to 48 hours to post my direct deposit to my account. I also understand that I am responsible for checking with my financial institution to ensure my reimbursement is available before accessing this money.

### Contact Information

Name: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Site/Provider Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Required Financial Institution Information (Please Print Clearly)

Name of Financial Institution: \_\_\_\_\_

Account Type (select one): Checking \_\_\_\_\_ Savings \_\_\_\_\_

Account Number: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

*The Transit Routing Number is the 9 digit number located next to the account number at the bottom of your check and is also required for a savings account. This number may also be obtained by calling your Financial Institution.*

### **IMPORTANT**

**Print legibly on the form. Information that is not clearly legible will cause a delay in the sign up process. Please send a voided check along with this form to ensure accuracy.**

**You must provide a Voided Check or bank document that displays your account information. This assures us that we have the correct information and eliminates problems getting funds to our providers.**

**This authorization must be received on or before the 10<sup>th</sup> of the month to be effective for that month. Any questions regarding your direct deposit may be directed to DCR at (309) 925-2274.**

**Day Care Resources, Inc.  
P.O. Box 1103  
Tremont, IL. 61568-1103  
Fax (309) 925-7833**