



**COMMUNITY COORDINATED CARE FOR CHILDREN, INC.
DIRECT DEPOSIT AUTHORIZATION FORM**

Provider Name: _____

Checking Account Number: _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____

Zip: _____

ABA Routing Number: _____

Savings Account Number: _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____

Zip: _____

ABA Routing Number: _____

The bank routing number (ABA) is printed on your checks in the lower left hand corner next to the account number. (See the sample on the next page.)

Please attach a voided check and/or savings account deposit slip for verification of bank information and bank account numbers.

I, _____, hereby authorize Community Coordinated Care for Children, Inc. to directly deposit my Reimbursement checks into the bank account(s) as identified above.

Provider Signature: _____

Date: _____

*** PLEASE SEND VOIDED CHECK ***