

LUTHERAN SERVICES FLORIDA
Child Care Food Program

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Use this form to ADD direct deposit. You MUST attach a copy of a cancelled check or other documentation from your bank showing the account number and ABA #.

To set up direct deposit you **MUST**:

- Have the account currently set up at your bank.
- Find out if the bank accepts direct deposits. Verify bank's **Transit Number** and your **Account Number**.
- Notify the bank that you are setting up direct deposit, and if the bank has special requirements.

Use this form to add, change, or cancel your current direct deposit account. If you change your bank account, but fail to notify the office, you will lose the opportunity to receive direct deposit.

To cancel your current account call Becky Morris at 813-676-9402 or Ramonita Figueroa at 813-676-9410.

Name of Bank: _____

Bank Transit/ABA #:

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 (9 digit number from bank)

Type of Account: Checking Savings

Your Bank Account #: _____

** Please attach a void copy of check**

Authorization:

Note: This form authorizes LSF to deposit funds to a designated account to retrieve funds deposited in error not to exceed the original amount.

Print Provider name _____ SS # _____

Provider signature _____ Date _____

Provider # _____

Child Care Food Program

Payroll Use Only:		
Date Received _____	Date Entered _____	Effective Payroll _____

Note: You can hand deliver this form.