

09646 — CHILD LANE
Nutrition Program Provider's Direct Deposit Authorization

Provider's Name: _____
Provider's Address : _____

I, the undersigned Provider for Child Lane and a client of Paycom, Inc., hereby authorized the Processing Department of Paycom, Inc. to arrange for Direct Deposit of Meal Reimbursement checks to my bank account reflected on the attached VOIDED CHECK, Deposit Slip or other BANK DIRECT DEPOSIT FORM.

This authorization allows Paycom and Child Lane to debit or credit any deposited amount in case of error.

I agree to notify Child Lane immediately if I change/close my bank account, by signing another authorization form and attaching a new Direct Deposit document. I understand that if I fail to do so, my payment may be delayed. I understand that I may be charged up to \$25 for any returned Direct Deposit if I failed to inform Child Lane of any changes in the routing and/or account number.

I understand that I am responsible for confirming that the funds are credited to my account and available for withdrawal before I write checks against such deposit, and that neither Child Lane nor Paycom, Inc. may be held responsible for any non-sufficient funds fees if such funds are not available.

Bank Name Routing Number (9 Digits) Account Number Account Type

			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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The account type, checking or savings, must be checked above. If your account is with a Credit Union, please write what is printed at the bottom of the check, not the regular account number.

I authorize Child Lane Comprehensive to disburse my Meal Reimbursement by Bank Direct Deposit.

Provider's Signature Date Phone Number

*** OFFICE USE ONLY ***

<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE
<input type="checkbox"/> ATTACHED VOIDED CHECK/ SAVINGS DESPOSIT SLIP OR OTHER BANK DIRECT DEPSOT FORM
Processed by: _____ Date _____
Reviewer 1: _____ Date _____
Reviewer 2: _____ Date _____