

## Electronic Funds Transfer Authorization

I hereby authorize **Child Care Services Association** to directly deposit my pay in the bank account listed below. I have attached a voided check. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant **Child Care Services Association** the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

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

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

**Company Use Only:** Effective Date \_\_\_\_\_

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Checking \_\_\_\_\_ Savings \_\_\_\_\_ **(Check only one)**

Financial Institution: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

**Company Use Only:** Bank/ABA Number \_\_\_\_\_

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Staple voided check here: