

EARLY CHILDHOOD ALLIANCE, INC.
CHILD AND ADULT CARE FOOD PROGRAM
DIRECT DEPOSIT ENROLLMENT

Please print legibly.

PROVIDER NAME: _____ PROVIDER PHONE #: _____

SITE ADDRESS: _____ CITY: _____ State: _____ ZIP CODE: _____

Early Childhood Alliance uses direct deposit for your CACFP reimbursement into your checking or savings account. By offering direct deposit, providers will receive their reimbursement money sooner than using the postal system.

CACFP providers are required to use direct deposit for their reimbursement money. A new direct deposit form is required whenever your banking information has changed. Failure to notify ECA of any changes will result in the delay of your reimbursement. Any funds returned to ECA will be re-distributed via a check mailed to the provider.

Early Childhood Alliance must have a copy of a VOIDED check or a letter from your banking institution stating the routing number and account number. This ensures that the banking information is entered correctly into our system.

By law Early Childhood Alliance must distribute provider reimbursements within five working days of receipt of funds from the Indiana Department of Education. Funds distributed by the Indiana Department of Education when the Indiana Department of Education receives the funds from the federal government. There is no set schedule for when the funds are distributed.

If you have multiple sites, you may have all checks deposited into one account.

Please complete this form accepting the Automatic Deposit Method:

Yes _____ I accept the Automatic Deposit method and will attach a VOID check or a letter from your banking institution stating the routing and account number.

Please complete the following information completely.

Bank/Institution Name: _____ Bank Phone #: _____

Bank Address: _____ City: _____ State: _____ Zip Code: _____

Routing #: _____ Account #: _____

Please check one: Checking Account _____ Savings Account _____