

## Application for Direct Deposit

Please attach a voided check or bank statement documenting name and account number

<b>Provider Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Telephone:</b>

### Authorization for Direct Deposit

**I AUTHORIZE CHILD MANAGEMENT ASSOICATES TO INITIATE ELECTRONIC DEBIT ENTRIES TO MY:**

Checking Account

Savings Account

<b>Name of Bank or Credit Union:</b>	<b>Bank/CU City and State</b>
<b>Account Number:</b>	
<b>Routing Number:</b>	

*I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled in writing.*

<b>Signature:</b>	<b>Date:</b>
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