

# CCNI Electronically Deposits Your Monthly Reimbursement Payment!!

We encourage you to enroll in our direct deposit option for your monthly claim reimbursement payments. Deposits will be made into your personal checking or savings account, no more waiting for your check to come in the mail! You don't have to change your present banking relationship to take advantage of this service.

## Direct Deposit will help you in many ways:

- Save trips to your financial institution
- Save time by no longer having to wait in lines to cash or deposit your check
- Eliminate the possibility of stolen or forged checks
- Eliminate the possibility of lost checks in the mail
- Get your money faster
- Get your money even when you're on vacation, sick, or away on business

## Here's how Direct Deposit works:

When payments are processed CCNI will provide you with a statement of reimbursement. It will include the number of meals and snacks reimbursed, the rates at which they were reimbursed, subtotals for each meal or snack, and a grand total of reimbursement. It will also show the reimbursement transfer date, this is the date that the funds are released from the CCNI Checking Account. Your money will be electronically transferred into your designated account. To take advantage of this service, please complete the attached authorization form and return it to CCNI. The authorization form below gives CCNI and your financial institution the authority to deposit funds into your account.

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## Instructions:

Please complete all required information below (\* signifies required)  
This authority will remain in effect until otherwise specified by the below signer.

Checking Account       Savings Account

\_\_\_\_\_  
\*Provider Name

\_\_\_\_\_  
\*CCNI Provider ID Number

\_\_\_\_\_  
\*Financial Institution

\_\_\_\_\_  
\*City, State

(If **not** including a voided check – please neatly write the routing and account numbers below)

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
\*Date

*"I authorize my CACFP Sponsor, Child Care & Nutrition, Inc., and the financial institution listed above to initiate electronic credit entries, and if necessary debit entries and adjustments for any credit entries which were incompletely funded by my sponsor or for any credit entries otherwise in error to the account indicated above."*