



Alaska Family Child Care Association

Please submit this form back to:

7926 Old Seward Hwy Suite C5

Anchorage, AK 99518

Phone: (907) 274-2237

Email: foodprogram@akfamilycca.org

Direct Deposit Form

Provider Name _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: _____

Email: _____

(If you do not have e-mail, write NONE in the space above)

Bank Routing Number: _____

Account Routing Number: _____

I hereby authorize the Alaska Family Child Care Association to initiate credit Entries to my personal checking or savings account as indicated below. Funds deposited will equal 100% of my valid claim amount. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Alaska Family Child Care Food Program may discontinue direct deposit at any time with or without notice.

Signature _____

Date _____

What type of account is this?

Circle Only One:

Checking

Savings