

Sample Authorization Form

We are pleased to be able to offer you a new payment convenience: Electronic funds transfer (EFT) or debit card payments. Now you can have your payment automatically deposited to your checking account, savings account, or onto a debit card that we will provide you. And you don't have to change your present banking relationship to take advantage of this service.

EFT/debit card payments carry many benefits, such as:

- Saving trips to your financial institution;
- Saving time previously used to deposit checks;
- Eliminating the possibility of lost, stolen, or forged checks;
- Money is deposited faster, reducing the possibility of overdrafts;
- Money is deposited into your account even when you're away from the office.

Here's how the EFT/debit card payment system works:

On payday a deposit is made to your checking, savings, or debit card account. A payment statement listing the child care services for which the deposit is being made will be sent by mail or e-mail. The amount of the deposit will appear on your bank statement. The EFT/debit card payment system is safe, convenient, and easy.

The authorization form below gives (Local Workforce Development Board or Texas Workforce Center) the authority to deposit payments to your account. Simply complete the form as directed and return it to: (address).

1. Fill in your name, the name and location of your financial institution, and today's date.
2. Check the box for *checking account*, *savings account*, or *debit card account* to indicate where payments will be deposited.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number. If you have no account, check the *debit card only* box.

NOTE: Be sure to sign the form!

Please complete the information below and return to (Local Workforce Development Board or Texas Workforce Center)

PLEASE PRINT

DATE:	CHILD CARE SERVICE DELIVERY PROVIDER NUMBER:
Please complete the information below as it appears in your bank account	
PROVIDER NAME:	PROVIDER ADDRESS AND PHONE:
<p>I authorize (<u>Local Workforce Development Board or Texas Workforce Center</u>) to initiate electronic credit entries, and, if necessary, debit entries and adjustments for any credit entries in error, to my (check one):</p> <p style="text-align: center;"> <input type="checkbox"/> checking account <input type="checkbox"/> savings account <input type="checkbox"/> debit card account </p>	
FINANCIAL INSTITUTION NAME:	
ACCOUNT NUMBER AT FINANCIAL INSTITUTION:	
FINANCIAL INSTITUTION ROUTING NUMBER:	
FINANCIAL INSTITUTION CITY AND STATE:	
<p>Attach a voided check or savings deposit slip with your account information for the account listed above. If you do not have a checking or savings account, please indicate that all payments will be via debit card only. (Financial Institution or Local Workforce Development Board or Texas Workforce Center) will contact you to provide you with further information.</p> <p style="text-align: center;"><input type="checkbox"/> debit card only</p>	
<p><i>I acknowledge that the origination of Automated Clearinghouse transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.</i></p> <p>PROVIDER SIGNATURE:</p>	