



Child Development Associates Nutrition Program
678 3rd Avenue, Suite 206 • Chula Vista, California 91910 • (619) 427-4922

July, 2006

TO: All CDA Nutrition Program Providers

FROM: Lorraine Bergendorf-Clark
Program Manager

RE: Direct Deposit

Direct Deposit is a service that CDA Nutrition Program is now offering to all providers participating on our program. Direct Deposit will provide you a safer, faster method of receiving your reimbursements. With Direct Deposit your reimbursements will be deposited electronically into your checking account; you will no longer have to wait for the Post Office to deliver your check. Typically Direct Deposit funds are received earlier than a check delivered by the Post Office.

Because it usually takes from 4-6 weeks to activate, you will continue to receive a check by mail during that time. Once the Direct Deposit is authorized and functioning, reimbursement checks will no longer be issued to you, instead your reimbursement will be sent directly to your bank. You will continue to receive a statement that will detail the meals and amount of your reimbursement and the amount deposited into your bank.

A special note here: we are required to address your reimbursement only in the name that is listed on your license. We have also been instructed that the name listed on your bank information should correspond with the name on your reimbursement. Some of you may have a spouse listed on your license and bank account and a space is available for your spouse; if they are not listed on your license you do not have to list them on the Authorization. If you have a helper on your license/reimbursement check cross off "spouse" and list "helper" instead.

Please review the attached forms and follow the instructions to begin your participation on Direct Deposit. If you have any questions please feel free to contact us at 1-800-698-9798.



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Direct Deposit Participation Agreement and Instructions

To participate in Direct Deposit I agree to do the following:

- 1.) Complete the Authorization Agreement for Direct Deposits form.
- 2.) Write "VOID" on one of my checks and attach it to the Authorization Agreement for Direct Deposits.
- 3.) Read and sign this Direct Deposit Participation Agreement and Instructions form.
- 4.) Submit all of these forms to:

CDA Nutrition Program
678 3rd Avenue, Suite 206
Chula Vista, CA 91910
Attention: Lorraine Bergendorf-Clark

I understand that:

- * I will continue to receive a check by mail until Direct Deposit is activated, which may take 4-6 weeks.
- * Once activated my reimbursement will be sent electronically to my bank.
- * I will receive a statement which will detail the meals and amount of my reimbursement and the amount deposited into my bank.
- * To stop or change Direct Deposit transactions I will be required to submit a 30-day advance written notice to CDA's office.
- * The name in which my reimbursement is listed matches the name on my license and therefore must match the bank depository information.

My signature below acknowledges my acceptance of Direct Deposits to my bank account for my Child Care Food Program reimbursements and I agree to the conditions for Direct Deposit as stated above.

Provider Name (Print)

Provider Signature

Date



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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

COMPANY NAME <i>Child Development Associates, Inc., Nutrition Program</i>	COMPANY IDENTIFICATION NUMBER <i>N/A</i>
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Automatic Deposit

I (we) hereby authorize **CHILD DEVELOPMENT ASSOCIATES, INC., NUTRITION PROGRAM**, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry error to my (our) Checking; Savings account (select one) indicated below and the depository institution named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

DEPOSITORY NAME	BRANCH
CITY	STATE/ZIP
TRANSIT/ABA NUMBER	ACCOUNT NUMBER

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

PROVIDER NAME (Please Print)	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER/TAX ID
PROVIDER SIGNATURE	DATE
SPOUSE NAME (Please Print)	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER/TAX ID
SPOUSE SIGNATURE	DATE

*** PLEASE REMEMBER TO ATTACH A VOIDED CHECK**

John Doe
 5555 Anywhere Drive
 San Diego, CA 91923

1111 ←

Date _____

Pay to
 the Order Of _____ \$ _____

_____ Dollars

Anywhere Bank
 San Diego, CA 92143

Memo _____

⑆123456789⑆⑆1111⑆⑆01234⑆⑆56789⑆

VOID

This set of 9 numbers indicate the **Transit/ABA Number**.

This set of numbers indicate your **Account Number**.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY NAME <i>Child Development Associates, Inc.</i>	COMPANY IDENTIFICATION NUMBER <i>N/A</i>
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AUTOMATIC DEPOSITS
 I (we) hereby authorize CHILD DEVELOPMENT ASSOCIATES, INC., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries error to my (our) Checking/ Savings Account (select one) indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME <i>Anywhere Bank</i>	BRANCH <i>Main</i>	
CITY <i>San Diego</i>	STATE <i>California</i>	ZIP CODE <i>92143</i>
TRANSIT/ABA NUMBER <i>123456789</i>	ACCOUNT NUMBER <i>01234-56789</i>	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (PLEASE PRINT) <i>John Doe</i>		SOCIAL SECURITY OR TAX ID NUMBER <i>987-65-4321</i>
DATE <i>5/1/02</i>	SIGNATURE <i>John Doe</i>	SIGNATURE <i>N/A</i>