

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED DEPOSITS

Between

Child Nutrition Services

and

Name _____

Address _____

FINANCIAL INSTITUTION

Bank Name _____

Route Transit Number (ABA) _____

City _____ State _____ Zip _____

Account Number _____ Checking / Savings
(circle one)

_____ Authorization

- I hereby authorize **Child Nutrition Services** to initiate direct deposit credit entries to my bank account as indicated and the Financial Institution above to post to the same such account.
- This authorization is to remain in force until **Child Nutrition Services** receives notice of cancellation from me. The notice of cancellation must be received at least 30 days prior to cancellation and in such manner as to afford **Child Nutrition Services** a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the company prior to the receipt of the notice of cancellation.
- I further authorize **Child Nutrition Services** to initiate such debit entries to said bank account as may be necessary to correct any erroneous credit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries to my account.
- All entries initiate hereunder are to be governed in all respects by the rule of the Mid - American Payment Exchange as now or hereafter in effect.

X **Provider Signature** _____ **Date** _____

_____ Cancellation

- I hereby cancel the authorization for **Child Nutrition Services** to originate direct deposit entries to my bank account indicated above effective _____.

Provider Signature _____ **Date** _____

ATTACH VOIDED CHECK SAMPLE HERE