

CFM Child Care Food Program
Authorization for ACH Direct Deposit
Site # _____

Name of Child Care Center - Please Print

FEIN #

I (We) hereby authorize Cornerstone Family Ministries, herein after called CFM, to initiate electronic payments and/ or correction entries to my (our) checking account indicated below. I (We) understand that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

ATTACH A VOIDED CHECK HERE

Please attach a voided check from the bank account you want your payment direct deposited to. DO NOT attach a deposit slip or write any information in this area; a voided check must be provided.

ATTACH A VOIDED CHECK HERE

This authorization will remain in effect until CFM/CCFP has received a thirty (30) day written notification from me (us) of its termination.

Owner/ President Name-Please Print

Co-Owner Name - Please Print

Owner/ President Signature

Co- Owner Signature

Date

Date