
THE PLANNING COUNCIL

Direct Deposit Authorization

CACFP Provider #: _____ CACFP Prov. Name: _____

Account Name: _____ Account Type: _____
(checking, savings, money card)

Depository Name: _____
(bank, savings & loan, credit union, money card, etc.)

Branch: _____

City, State, Zip _____

Transit/ABA No.*: _____

Account Number*: _____

Is this a change in the current bank information we have on file? ____ Yes ____ No

I authorize The Planning Council to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my designated account. Also, I have called my depository institution and verified the correct Transit/ABA No. and account number for accuracy.

Signed: _____ Date: _____

Because the bank must pre-note all direct deposits, you will receive a check on the first "claim" pay date after the direct deposit authorization is received. You will be notified if there is a problem. *Please allow 30 – 45 days for processing.

When calling to verify your Transit/ABA no. and the account number, ask for the person in charge of direct deposit. For most national banks, the numbers indicated on your check are correct. Credit unions and some savings and loans sometimes run their funds through large banks and the transit number is completely different. Sometimes you may need to drop or add digits in your account number for purposes of direct deposit, so be very specific. Also, be sure to indicate to the bank whether your deposit is going to a savings or a checking account.

****Please attach a voided check, bank authorization form or money card authorization form to this enrollment form. *NOTE: Forms submitted without this information will NOT be processed.***

**MAIL THIS FORM TO: THE PLANNING COUNCIL
ATTN: DIRECT DEPOSIT ENROLLMENT
2551 ELTHAM AVENUE, SUITE I
NORFOLK, VA 23513 or Fax to: 410-510-1024**