

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH - Stabilization V Grant)**

Originating Company Name - Talladega Clay Randolph Child Care Corporation

I authorize the above-named Originating Company to initiate entries to the account indicated below as follows:

- 1) They may initiate CREDIT entries, which moves money into my account according to the schedule and other conditions to which the Originating Company and I have agreed.
- 2) They may initiate DEBIT entries to reverse any transaction they have originated to my account in error.

CHILD CARE PROVIDER NAME _____

Please print clearly

Address _____

Provider ID - 5000 - _____ **License #** _____

Email Address _____ **Phone #** _____

Account Number _____

Type of account Savings Checking (please circle one)

Name of Financial Institution: _____

Bank's routing number. ** _ _ _ _ _ (nine digits)

***Please be sure to check the account number & routing number to ensure the correct numbers are used. Please print clearly.**

This authority is to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

DATE _____ SIGNED _____

****DO NOT USE A DEPOSIT SLIP**

*****Please note that after ACH entries are activated by TCR, your deposit may not post to your account for up to two business days after activation.**

ONLY (1) bank account can be used.

You will receive an email notifying you when an ACH transaction has been scheduled.

If you need to change your banking information, you MUST complete a new form and submit immediately. Incorrect information will delay your payment.

Talladega Clay Randolph Child Care Corporation

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