



Alaska Family Child Care Food Program

Please submit this form back to:
2207 E Tudor Rd Suite 34
Anchorage, AK 99508
Phone: (907) 274-2237
Fax: (907) 274-2238
Email: afccfp1@gci.net

Direct Deposit Application

Provider # _____

Birthdate: _____

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone: _____

Email: _____

(If you do not have e-mail, write NONE in the space above)

Checking Account Routing #: _____

I hereby authorize Alaska Family Child Care Food Program to initiate credit Entries to my personal checking or savings account as indicated below. Funds deposited will equal 100% of my valid claim amount. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Alaska Family Child Care Food Program may discontinue direct deposit at any time with or without notice.

Signature _____

Date _____

Please attach your voided check here----->>>>>>

What type of account is this?

Circle Only One:

Checking

Savings

Attach your proof of account in this box.

Checking Accounts:

- No "Starter" Checks
- Your personal check must have your name, address and check number pre-printed on it.

OR

- Follow Savings account instructions below.

For Savings Accounts { or Checking accounts which have no checks}:

- Please attach a note on bank letterhead - from your bank/credit union stating the following:
 - You are listed on the account as an accountholder .
 - The type of account (checking or savings)
 - The routing number
 - The account number