

DIRECT DEPOSIT AUTHORIZATION

Print and complete ALL the information below.

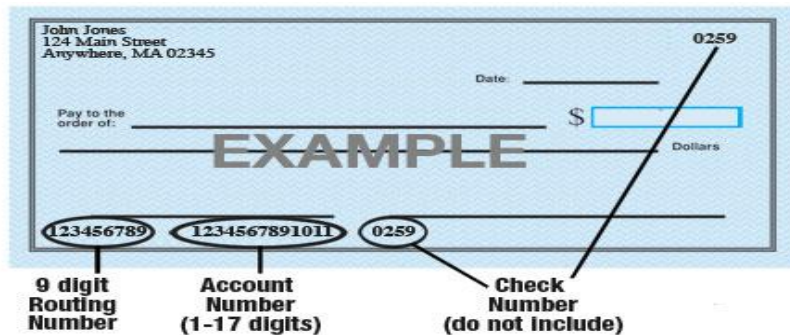
Please send your completed scanned form's to: directdeposit@cnpssc.com

Provider #: _____

Provider Name: _____

Provider Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

(Attach a voided check or bank letter for the bank account to which funds should be deposited)

I authorize the Child Nutrition Program to initiate electronic deposits to my account and if necessary, adjustments for any transactions made in error. This authorization will remain in effect until I modify or cancel it in writing. This authorization will remain in effect until I provide written notice to cancel it.

Provider's Signature: _____

Date: _____

Child Nutrition Program of Southern California

7777 Alvarado Rd, Suite 422, La Mesa, CA 91942
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