



Child Development Health & Nutrition, Inc.
P.O. Box 1064
Lakeville MA 02347
Tel # 1-800-232-7634

DIRECT DEPOSIT AUTHORIZATION FORM

Child Development Health & Nutrition, Inc. is pleased to offer the convenience of Direct Deposit of your monthly Child and Adult Care Food Program reimbursement. Simply complete and return this authorization form **with a voided check or letter from your bank with your account information.**

**This can only be deposited into one (1) bank account for the total amount of your reimbursement

Provider Name (Please print) _____
First and Last Name

Provider # _____ Provider Telephone # _____

Social Security # _____

I hereby authorize Child Development health & Nutrition, Inc. and their payroll company to deposit Child and Adult Care Food Program reimbursements into my account (as well as adjust over-deposit errors) at the bank named below.

It is understood that this agreement may be terminated by me at any time by notifying CDHN.

PROVIDER SIGNATURE: _____

DATE: _____

BANK NAME: _____

BANK ROUTING #: _____

ACCOUNT #: _____

CHECKING _____ SAVINGS _____