



RUSSELL CHILD DEVELOPMENT CENTER

Direct Deposit Authorization Agreement

I hereby authorize Russell Child Development Center (RCDC) to deposit my reimbursement or make adjustments into my account listed below. This authorization agreement remains in effect until RCDC receives written notice of termination from me, with reasonable time to act upon it, or until RCDC sends my written notice of termination of this agreement. I understand my bank or credit union can take up to 48 hours to post direct deposit to my account. I also understand I am responsible for checking with my financial institution to ensure my reimbursement is available before accessing this money.

It is your responsibility to notify RCDC of any changes to your account information by the 15th of each month.

Contact Information:

Please print

Name: _____

Phone Number: _____

Street Address: _____

City, State, Zip: _____

Signature: _____

Required Financial Institution Information:

Account Type (please circle): Checking or Savings

Along with this agreement, remember you are required to **include a voided check**. You cannot use our Direct Deposit system unless one is included.

