

COMMUNITY RESOURCES FOR CHILDREN

In order to protect your confidentiality, please **DO NOT** return this form electronically.
Para proteger su información, por favor **NO** regrese esta forma usando un medio electrónico.

Mail or Drop off: Community Resources for Children
3299 Claremont Way, Suite 1
Napa, CA 94558-3381

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I (we) hereby authorize **COMMUNITY RESOURCES FOR CHILDREN**, to (select one):

Initiate credit entries to my (our) bank account indicated below at the depository financial institution named below, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of USA laws.

I (we) do not have a bank account, please issue a paper check for any amounts due me (us). I (we) do understand that it may take an *additional 2 to 4 weeks for CRC to process paper checks instead of direct deposits.*

***Complete only:** Your name, address, phone number, sign and date.

Bank Name:	_____		
Branch (Address):	_____		
City:	State:	Zip Code:	
_____	_____	_____	
Routing Number:	Account Number:		
_____	_____		
<input checked="" type="checkbox"/> Check one:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
This authorization is to remain in full force and effect until Community Resources for Children has received <u>written notification</u> from me (or either of us) of its termination in such time and in such a manner as to afford Community Resources for Children and the Depository a reasonable opportunity to act on it.			
*Name (s):	_____		
*Address:	_____		
*Telephone Number:	_____		
*Signature:	_____	*Date:	_____

PLEASE ATTACH A **VOIDED CHECK** OR
OFFICIAL **ACCOUNT INFORMATION SHEET** FROM YOUR
BANK (NO HAND-WRITTEN FORMS WILL BE ACCEPTED), FOR EACH DEPOSITO
ACCOUNT LISTED ABOVE.