

## Direct Deposit Authorization Instructions

The Western Dairyland CACFP reimburses providers by direct deposit.

Please complete the Direct Deposit Authorization for Home-Based CACFP Programs form on the back side of this letter and return it to our office as soon as possible. You should use the envelope marked confidential to submit your form.

Direct deposit is required for all providers. You will need to have either a checking account or a savings account to receive reimbursement. If you do not have either type of bank account, you will need to open one to complete and return this information to our office.

Please read the attached form very carefully and complete it to the best of your ability. If you have any questions about direct deposit in general or questions specifically about the form or how to fill it out, please contact Sara at 715-450-0826 or [sara.thurston@wdeoc.org](mailto:sara.thurston@wdeoc.org)

Sincerely,  
Western Dairyland CACFP Staff



Direct Deposit Authorization for Home-Based CACFP Programs

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_ 4 Digit Provider # \_\_\_\_\_

*I hereby authorize Western Dairyland E.O.C Inc to send my entire reimbursement payment to the following financial institution for direct deposit until further notice:*

Name of Financial Institution: \_\_\_\_\_

Financial Institution Phone Number: \_\_\_\_\_

*\*Choose the Account Where Reimbursement Should be Deposited:*

\_\_\_\_ Checking Account

FI's Routing number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_ Savings Account

FI's Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Providers Signature: \_\_\_\_\_

*This institution is an equal opportunity provider*

For Office Use only:

Date Entered: \_\_\_\_\_

Entered by: \_\_\_\_\_

Notes: