



United 4 Children CHILD NUTRITION

1310 Papin Street, Suite 100 B • Saint Louis MO 63103
Toll Free (800) 467-2322 • Office (314) 531-1412 • Fax (314) 531-4184
www.united4children.org

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize United 4 Children Child Nutrition to initiate automatic deposits to my account at the financial institution named below. I also authorize United 4 Children Child Nutrition to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold United 4 Children Child Nutrition responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until United 4 Children Child Nutrition receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to United 4 Children Child Nutrition Services.

Important Information

- Your information is kept secure under lock and key at United 4 Children's office in Saint Louis, Missouri.
- Should your bank account information change, please notify us immediately.

Provider Information

Provider Number: _____ Provider Name: _____

Effective Date: _____ Email Address: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____
First 9 Digits in Bottom Left Corner

Account Number: _____

Checking (22) Savings (32)

Signature

Authorized Signature : _____ Date: _____

**Please attach a voided check or deposit slip and return this form to:
1310 Papin Street, Suite 100 B, St. Louis, MO 63103**



