



MDC CHILD CARE FOOD PROGRAM

721 South Fawcett Tacoma, WA 98402 (253)284-7865 Fax (253)593-2400

Child Care Food Program Reimbursement Authorization for Cash Management

I (we) hereby authorize Metropolitan Development Council's Child Care Food Program to initiate a cash management entry to my (our) checking or savings account at the financial institution indicated below, and initiate adjustments (if necessary) for any transactions credited or debited in error. This authority will remain in effect until the company is notified by me (us) in writing to cancel it in such time as to afford the company and financial institution a reasonable opportunity to act on it.

Name of Financial Institution

City, State and Zip code

Financial Institution Routing/Transit Number

Checking account Number

OR

Savings Account Number

Provider Name (Please Print)

Date

Provider Signature

Please attach a VOIDED check (for checking entries) or VOIDED Savings Deposit slip (for savings entries)

THIS IS A PROJECT OF THE METROPOLITAN DEVELOPMENT COUNCIL