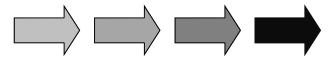
Direct Deposit Form



Check all that apply:

☐ I am a Subsidized Program Provider
☐ I am a Food Program Provider

→→→ REQUIRED **←←**

You must attach a voided check or other supporting documentation that verifies this bank account is in **your** name.

The supporting documentation must include your NAME and THE ACCOUNT NUMBER

Company Name: Solano Family & Children's Services Company ID Number: N/A I (we) authorize Solano Family & Children's Services, hereinafter called COMPANY, to initiate CREDIT entries to my (our) account at the depository financial institution (bank/credit union) named below, hereinafter called DEPOSITORY, 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 U.S. law. Name of your Bank or Credit Union: Bank Branch (Optional): Bank City: Bank State: Bank Zip Code: Please deposit into my: Checking account OR Savings account Bank Routing Number: Your Account Number: This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Your Name(s) as it appears on your bank account: Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. Notes:	☐ I am a Food Program Provider	THE WILL WILL THE THE COURT THE THE THE THE THE THE THE THE THE TH
entries to my (our) account at the depository financial institution (bank/credit union) named below, hereinafter called DEPOSITORY, 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 U.S. law. Name of your Bank or Credit Union: Bank Branch (Optional): Bank City: Bank State: Bank Zip Code: Please deposit into my: Checking account OR Savings account Bank Routing Number: Your Account Number: This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Your Name(s) as it appears on your bank account: Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Company Name: Solano Family & Children's Sen	rvices Company ID Number: N/A
Bank Branch (Optional): Bank City: Bank State: Bank Zip Code: Please deposit into my: Checking account OR Savings account Bank Routing Number: Your Account Number: This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Your Name(s) as it appears on your bank account: Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	entries to my (our) account at the depository final hereinafter called DEPOSITORY, and to credit to	ncial institution (bank/credit union) named below, the same to such account. I (we) acknowledge that the
Bank City: Bank State: Bank Zip Code: Please deposit into my: Checking account OR Savings account Bank Routing Number: Your Account Number: This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Your Name(s) as it appears on your bank account: Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Name of your Bank or Credit Union:	
Please deposit into my: Checking account OR Savings account Bank Routing Number: Your Account Number: This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Your Name(s) as it appears on your bank account: Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Bank Branch (Optional):	
Bank Routing Number: Your Account Number: This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Your Name(s) as it appears on your bank account: Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Bank City: Bank S	State: Bank Zip Code:
Your Account Number: This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Your Name(s) as it appears on your bank account: Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Please deposit into my:	at OR Savings account
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Your Name(s) as it appears on your bank account: Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Bank Routing Number:	
written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Your Name(s) as it appears on your bank account: Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Your Account Number:	
Last 4 digits of your Social Security Number or Tax ID number: Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	written notification from me (or either o	of us) of its termination in such time and in such
Today's Date: Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Your Name(s) as it appears on your bank account	t:
Your Signature: Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Last 4 digits of your Social Security Number or T	ax ID number:
Your E-mail Address: NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Today's Date:	
NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Your Signature:	
THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	Your E-mail Address:	
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	Notes:	