



Child Care

DIRECT DEPOSIT FORM

Please complete the information below and return to Workforce Solutions Child Care

(PLEASE PRINT)

DATE:	LICENSE OR PERMIT NUMBER:
Please complete the information below as it appears in your bank account	
PROVIDER NAME/FACILITY:	PROVIDER ADDRESS:
PROVIDER EMAIL ADDRESS:	PHONE:
I authorize (Workforce Solutions Child Care and Rolling Plains Management Corporation) to initiate electronic credit entries, and, if necessary, debit entries and adjustments for any credit entries in error, to my (check one): ___ checking account ___ savings account ___ debit card account	
FINANCIAL INSTITUTION NAME:	
ACCOUNT NUMBER AT FINANCIAL INSTITUTION:	
FINANCIAL INSTITUTION ROUTING NUMBER:	
FINANCIAL INSTITUTION CITY AND STATE:	
Attach a voided check or an official document from your bank with your account information for the account listed above. If you do not have a checking or savings account, please indicate that all payments will be via debit card only. (Financial Institution or Local Workforce Development Board or Texas Workforce Center) will contact you to provide you with further information. ___ debit card only	
<i>I acknowledge that the origination of Automated Clearinghouse transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.</i>	
PROVIDER SIGNATURE: _____	

Serving the employment and training needs for:
 Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger and Young counties.

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