



Authorization Agreement For Direct Deposits

Providers Name (PRINT): _____ Provider Number: _____

I hereby authorize FRAMAX to initiate credit entries for provider reimbursements, and if necessary, debit entries and/or adjustments for any overpayments made to my account indicated below. FRAMAX will make reasonable efforts to notify the provider in advance of making a debit or adjustment to the amount credited to their account.

Name of Financial Institution: _____

Rounting Number: _____

Account Number: _____ Checking Savings

To ensure accuracy of banking information the provider must attach a VOIDED check to the bottom of this authorization form.

AGREEMENT

I understand that:

- * This authorization is to remain in full force and effect until FRAMAX has received written notice, from the person whose Name and Signature appear below, of its termination in such a time and manner as to afford FRAMAX and depository a reasonable time to act.
- * If the provider closes the account to which FRAMAX has been authorized to make a direct deposit, and has not provided sufficient notice of the fact to FRAMAX, then their CACFP meal reimbursement payment will be delayed.
- * The provider is responsible to ensure there is sufficient funds in their account to cover all checks or debits they authorize against the account. FRAMAX is not responsible for any fees and/or service charges incurred by the provider in the case of insufficient funds.
- * The provider will ensure their name and/or business name is listed on the account.
- * The provider will not hold FRAMAX responsible for any delay or loss of funds due to incorrect or incomplete information supplied by the provider or by the financial institution, due to an error on the part of the provider's financial institution in depositing funds to the account or due to the lack of reliability of the financial institution.

My signature below acknowledges my acceptance of the agreements for Direct Deposit as stated above.

Signature: _____ Date: _____

Attach Voided Check Here

2400
91-548/1221

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

FOR _____

⑆ 22 105278 ⑆ 672430 1068 ⑆ 2400 ⑆

Routing Number Account Number Check Number

Note: The routing and account numbers may appear in different places on your check