



PO BOX F, MARYSVILLE, WA 98270
360-653-7273 ♦ FAX 360-658-1324 ♦ 1-800-631-1118
In-box@mdnp.org

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)



PO Box 5190
Sioux Falls, SD 57117-5190

Company

Name Mountainview Daycare Nutrition Program ID # 911438473

I (we) hereby authorize Mountainview Daycare Nutrition Program to initiate credit entries to my (our) _____ Checking Account/ _____ Savings Account (select one) indicated below at the depository financial institution specified, 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.

Depository

Name _____ (Bank Name)

Routing # _____ (1st 9 numbers before your account number)

Account # _____

This authorization is to remain in full force and effect until Mountainview Daycare Nutrition Program has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Mountainview Daycare Nutrition and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Provider ID# _____
(Please Print)

Date _____ Signature _____

Mountainview Daycare Nutrition Program
Child Nutrition Program

Revised 08/20/2009