Children's Hunger Alliance

Direct Deposit Form

Provider #: __________

Name:_____________________

Email:______________

I hereby authorize Children's Hunger Alliance to deposit my reimbursement(s) to either my personal checking or savings account. Funds deposited will equal to 100% of my valid claim amount. *(This includes authorization to correct any deposit entries made in error.) This Direct Deposit Authorization will remain in effect until I give written notice to cancel it. *Children's Hunger Alliance may discontinue Direct Deposit at any time with or without notice.*

Signature:_____________________________________

Date:__________________

To submit the Direct Deposit Form:

Mail to:
Children's Hunger Alliance
1105 Schrock Road Suite 505
Columbus, OH 43229

Fax to: 1-614-396-7625

Scan/Email to:
ecnedocuments@childrenshungeralliance.org

Checking accounts require: A voided check attached to this form (in Step 5)
OR a letter from your bank on bank letterhead stating you are the account holder, the type of account, routing number and account number attached to this form.

*We cannot accept bank statements. Checking accounts without checks, should follow the Savings Account Directions below.*

Savings Accounts require: A letter from your bank on bank letterhead stating you are the account holder, the type of account, routing number and account number then attached to this form.

7/13, 9/14, 3/16 “USDA is an equal opportunity provider and employer.”