



Rhode Island Department of Human Services

Office of Child Care – Child Care Assistance Program (CCAP)

25 Howard Avenue, Louis Pasteur Building #57, 1st Floor, Cranston, Rhode Island 02920

Direct Deposit Authorization

Please complete this form and submit with all required documentation to DHS.CCAPBilling@dhs.ri.gov.

CCAP Provider ID	Program Name	
First and Last Name		Phone
Address Line 1		
Address Line 2		
City	State	Zip Code

The Department of Human Services, Office of Financial Management is authorized to initiate Direct Deposit of my Child Care Provider Payments to my account at the Financial Institution below:

Financial Institution		
Address Line 1		
Address Line 2		
City	State	Zip Code
Account Number		Account Ownership Type: <input type="checkbox"/> Business <input type="checkbox"/> Personal
<p>Account Type:</p> <p><input type="checkbox"/> Checking <i>Attach a voided, blank check from the checking account to which the direct deposit will be made. Your name and current address must be printed on the check. If you cannot provide a proper voided check, you must provide a letter from your financial institution, which includes your name, address, bank routing number and account number. The letter must be on bank letterhead and signed by a bank representative. Your name must appear on the account, and the account must be with a United States financial institution. Do not send deposit slips or bank statements.</i></p> <p><input type="checkbox"/> Savings <i>Attach a letter from your financial institution with your name, address, bank routing number, and account number. Your name must appear on the account, and the account must be with a United States financial institution. The letter must be on bank letterhead and signed by a bank representative. Do not send deposit slips or bank statements.</i></p>		

Provider Signature: _____ **Date:** _____