

CCAP-5 Direct Deposit Form

CCAP-5 Rev. 2/2020



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

AUTHORIZATION FOR DIRECT DEPOSIT

PROVIDER INFORMATION

Provider ID:	First Name:	Last Name:
Program Name:	Primary Phone:	
Number & Street:		
City/Town:	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: (bank or credit union)		
Number & Street:		
City/Town:	State:	Zip Code:
Account Number:	<input type="checkbox"/> Business	<input type="checkbox"/> Personal

PLEASE SELECT AN ACCOUNT TYPE

<input type="checkbox"/> Checking Account **	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. <u>The letter must be on bank letterhead and signed by a bank representative.</u> DO NOT SEND DEPOSIT SLIPS OR BANK STATEMENTS. Your name must appear on the account and the account must be with a United States financial institution.
<input type="checkbox"/> Savings Account **	ATTACH A LETTER FROM YOUR FINANCIAL INSTITUTION with your name, address, bank routing number and account number. <u>The letter must be on bank letterhead and signed by a bank representative.</u> DO NOT SEND DEPOSIT SLIPS OR BANK STATEMENTS. Your name must appear on the account and the account must be with a United States financial institution.

** If the same payment has been deposited more than once into your account, child care will immediately correct the mistake and notify you of the removal of the duplicate funds from your account.

Signature of Provider

Date

Printed Name

Position/Title

Please complete this form and submit with all required documentation via email or mail to:
DHS.ChildCare@dhs.ri.gov or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 3rd Floor, Cranston RI 02920