32980 Alvarado-Niles Road, Suite 856 Union City, CA 94587 · **P** 510.796-9512 · **F** 510.489-2742
Serving Southern Alameda County · Head Start · Early Head Start · California Child Care

Provider DIRECT DEPOSIT Request Form

Automated Clearing House (ACH)/Electronic Fund Transfer (EFT)

Provider Information:

Provider Name: _____

"Business as" or DBA: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: ( ) _____

E-Mail Address: _____

Banking Information:

Provider's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: ( ) _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one): Checking ☐ Savings ☐

Provider/account owner Authorization:

Please sign below to confirm that you are authorizing CFCS to begin transferring payments due you for services provided to the account mentioned above.

_____ _____
Signature Title

( ) _____ _____
Phone Number Date

Please submit the completed form and a copy/picture of a voided check or a letter from your bank providing confirmation of your account information. Send the completed document via email to vendorEFTdeposit@cfcsinc.org.

Note: Allow 20 days for initial EFT processing due to the verification process.