

Child Care WAGE\$® DELAWARE Direct Deposit Payment Setup Form

To set up Payment:

1. Fill out this form 2. Print and sign it 3. Email or Fax it to the deaeyc WAGE\$ Coordinator,
lmiller@daeyc.org
Fax: (302) 475-7400

HOW

Your award payment will be made by Direct Deposit.

WHERE

Account Information for Direct Deposit

Account Type: Checking or Savings or Loan (circle one)
Bank Name: _____
Account Number: _____
Routing Number: _____

One of the following is required to process this direct deposit:

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)

WHEN

When would you like this to take effect?

- Immediately / as soon as available
 _____ (Month/Day/Year)

DIRECT DEPOSIT RECIPIENTS:

I authorize Delaware Association for the Education of Young Children (deaeyc) to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to my account at _____ (bank name). I understand that this authorization replaces any previous authorization and will remain in full force and effect until the company named above has received written notification from me of its termination in a reasonable time enough to act. I understand to be eligible for further WAGE\$® Awards it is my responsibility to notify the WAGE\$® Coordinator of any changes to my bank account information. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize deaeyc to make direct deposits into the named account.

WAGE\$® Awardee Name:	
Awardee Signature:	Date:
WAGE\$® Coordinator, deaeyc Signature:	Date: