

Terms and Conditions for Participating in Direct Deposit

1. For your convenience, you may view or print your check history and claim summary online at CACFP.Net. (Please note that the Internet Service Provider AOL is not compatible with CACFP.Net). You may view the Provider Connection and print a Claim Information Form online at wisconsinearlychildhood.org, Food Program, Downloads. If you would rather have a paper copy sent, call 800-783-9322, ext. 8051, and follow the recorded instructions.
2. You will need to verify your deposit with your financial institution. It is your responsibility to verify that the direct deposit money has been deposited in your account before you attempt to withdraw it or write checks against it. Problems can sometimes occur with electronic transmission of funds at WECA's bank, at your bank, or elsewhere, which could cause a delay in the transfer of your money to your bank account. WECA is not responsible for overdrafts, bounced checks, or any fees, charges or other problems that arise because you failed to verify the direct deposit.
3. Each bank has a different policy about when it will post deposits and allow you access to the deposited money. These policies may affect your direct deposit. WECA is not responsible for your bank's policies, practices, acts or failures to act. You should contact your bank if you have further questions.
4. Your financial institution must be a member of an Automated Clearing House in order for you to participate in Direct Deposit. If you are not sure, contact your financial institution.
5. You must complete the authorization form to enroll in the Direct Deposit program. A signed and dated form must be on file at the WECA CACFP office. Once your form is received by WECA CACFP, there may be a short administrative processing period before the enrollment will become effective. If so, you will receive a paper check during this period.
6. If you supply an email address, you will receive a one-time email notification of when your direct deposit will begin. Otherwise, you will be sent a one-time enrollment notification by mail.
7. If an electronic transfer is returned to WECA CACFP, or for any reason cannot be made to your account, WECA CACFP will investigate the cause and after the funds are returned to WECA, will issue a paper check to you.
8. It is your responsibility to notify WECA CACFP immediately of any changes in your account, such as account closure or change in account number. Complete this form and indicate the action as Cancel or Change. There may be an administrative processing period before the changes become effective. If there is an interruption in the Direct Deposit service, you will receive a paper check during this period. Changes to your Direct Deposit Enrollment should only be made once a year.
9. Your financial institution and WECA CACFP may cancel Direct Deposit. WECA CACFP reserves the right to automatically cancel your participation in the Direct Deposit program upon termination of participation in the food program. WECA CACFP assumes no responsibility for any bank charges incurred because of temporarily or permanently discontinuing Direct Deposit.
10. If you are re-enrolling on the Food Program, a new Direct Deposit Enrollment Form must be submitted.

Instructions for Completing Direct Deposit Enrollment

The information you are requested to provide on this form is confidential and is needed to process your Direct Deposit request. The information will be used to process reimbursement data from WECA CACFP to your financial institution. **All sections of the Direct Deposit Form must be filled out completely.**

- A. **Provider Information:** Provider Number, First Name, Middle Initial and Last Name
- B. **Email Address** (if applicable)
- C. **Action Information:** Check correct action box.
- D. **Bank Account Information:** Please contact your financial institution if you have any questions regarding your Account Number and/or Routing Number.
 - **Name of Financial Institution** (name of the institution to which payments are to be directed)
 - **Account Number** (your account number at your financial institution)
 - **Routing Number** (your financial institution's 9-digit routing number)
 - **Account Type** (check Savings or Checking)
- E. **Authorization:** Sign and date the request form after you have carefully read the instructions, terms, and conditions of participating in the Direct Deposit program.

The diagram shows a check form with the following fields and labels:

- NAME OF DEPOSITOR:** STREET ADDRESS, CITY, STATE (labeled 3)
- 101** (top right corner)
- PAY TO THE ORDER OF:** (with a line for the name)
- \$** (with a line for the amount) and **DOLLARS** (with a line for the amount)
- 19** (top right of the amount field)
- NAME OF YOUR BANK:** (labeled 4)
- For** (with a line for the name)
- ROUTING NUMBER:** 021001082 (labeled 1)
- ACCOUNT NUMBER:** 123 456 789 (labeled 2)
- CHECK NUMBER:** 0101 (labeled 4)

1. Routing Number – Here you would put “021001082”

2. Account Number – Here you would put “123-456-789”

3. Account Holder's Name

4. Financial Institution Name

**Wisconsin Early Childhood Association Child and Adult Care Food Program
Direct Deposit Enrollment Form**

Submit this completed form to WECA CACFP, 2908 Marketplace Dr, Suite 101, Fitchburg, WI, 53719-5318. We do not accept faxes. You will receive notification of when your direct deposit will begin.

**WECA CACFP
Provider Number**

First Name MI Last Name

Email Address

Please Check Action

New Change Cancel

Name of Financial Institution

Routing Number

(All 9 boxes should be filled. First two numbers must be 01 through 12 or 21 through 32)

Account Type

Checking Savings

Account Number (include hyphens but omit spaces and special symbols)

I hereby authorize WECA to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by WECA to my account. In the event that WECA deposits funds erroneously into my account, I authorize WECA to debit my account for an amount to not exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until WECA and Bank have received written notice from me of its termination in such time and in such manner as to afford WECA and Bank reasonable opportunity to act on it. **I have read the Terms and Conditions for Participating in Direct Deposit document and accept all terms and conditions.**

Signature _____ Date _____