

**SENDCAA DIRECT DEPOSIT  
DIRECT DEPOSIT AUTHORIZATION FORM**

**Complete and return to the SENDCAA OFFICE**

I authorize SENDCAA and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to the SENDCAA CACFP program.

Account Type:  Checking Account No. \_\_\_\_\_  Savings Account No. \_\_\_\_\_

\_\_\_\_\_  
Name Financial Institution

\_\_\_\_\_  
Location(Branch) City State

\_\_\_\_\_  
Signature Date

**Attach a voided check, savings deposit slip or provide the financial institution's routing number** \_\_\_\_\_  
(9 digits found on the bottom left of your check or savings deposit slip)



SENDCAA Child/Adult Care Food Program  
3233 S University Drive  
Fargo, ND 58104  
701- 232-2452