

 CARES ACT 3 Child Care Scholarship Direct Deposit form

To: Child Care Providers

From: Child Care Resources of Rockland, Inc.

Date: October 29, 2020

Re: Direct Deposit Enrollment **REQUIRED FOR CARES 3 PAYMENT**

 Complete this form in order to receive the weekly tuition payment via direct deposit.

NAME ON ACCOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Routing Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The 9 numbers on the far left of the check, before the account number-NOT the deposit slip

BANK ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print your name)

Authorized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sign your name)

**\*\*Please submit this completed form along with a voided check to: \*\*** **childcarerockland@gmail.com** **or fax to (845) 425-5312**

Child Care Resources of Rockland, Inc.

235 North Main Street - Ste. 11

Spring Valley, NY 10977

Hours of Operation 8:30am - 5:00pm Monday-Friday

Phone (845) 425-0009