



**Instructions to Providers:**

1. Complete ALL the information below.
2. Return the completed form along with a voided check or direct deposit form from your financial institution to:

**NCO/RCCC, Attn: Payment Manager  
413 N. State Street, Ukiah CA, 95482**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS  
(ACH Credits)**

I authorize **North Coast Opportunities, Rural Communities Child Care** to initiate ACH Credit deposits ("Credit Entries") to my deposit account ("Account") at my Financial Institution named below. This authorization is for the deposit of recurring payments you owe me directly into my Account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY YOU, THE ORIGINATING COMPANY, IN WRITING. So long as this authorization has not been terminated or revoked, any Credit Entry originated by you under this authorization shall be conclusively presumed to be properly authorized for deposit to my Account.

I understand that if my account is closed, my Financial Institution cannot accept any Credit Entry and the entry will be refused. If this occurs, you will not be able to reprocess the Credit Entry without further written authorization from me.

I authorize my Financial Institution to accept these Credit Entries to my account upon receipt and without advice to me.

My Financial Institution Name: \_\_\_\_\_

Street Address or Branch: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

My Deposit Account Number: \_\_\_\_\_

Routing / Transit Number: \_\_\_\_\_

Name on the Account: \_\_\_\_\_

Deposit into:      Checking     or      Savings

Authorized Credit Entries: You are authorized to originate Credit Entries to my account to pay recurring amounts you owe me on the **20th of the month** (or business day preceding or following if that day is not a business day). The amount of these recurring payments may vary.

I also authorize adjustment entries in the event of erroneous transactions to my account.

I hereby certify that I am an owner and authorized signer of the account. I acknowledge receiving a copy of this authorization. You may supply a copy of this Authorization Agreement to my Financial Institution or to your bank upon request.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

***A VOIDED CHECK OR DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION MUST BE ATTACHED***