

Action for Children



Direct Deposit /EFT Form

Company Name: _____

Pandemic Child Care License: _____

Contact Name: _____

Select the account where you would like to have money deposited

CHECKING ACCOUNT

A COPY of a check must be attached for all CHECKING ACCOUNTS

SAVINGS ACCOUNT

Documentation from the bank with full account number MUST BE attached

CREDIT UNION

Documentation from the bank with full account number MUST BE attached

Name: _____

Signature: _____

Date: _____

Please send completed Direct Deposit/EFT Form and the W-9 Form to minigrants@actionforchildren.org. For prompt processing, please include your license number and county in which you operate your business in the subject line.