

Children's Hunger Alliance

Direct Deposit Application

Step 1

Provider #: _____

Step 2

Account Type – Circle One

Checking

Savings

Step 5

Attach your VOIDED check here.

Name: _____

Email: _____

Step 3

I hereby authorize Children's Hunger Alliance to deposit my reimbursement(s) to either my personal checking or savings account. Funds deposited will equal 100% of my valid claim amount. *(This includes authorization to correct any deposit entries made in error.) This Direct Deposit Authorization will remain in effect until I give **written notice to cancel it. Children's Hunger Alliance may discontinue Direct Deposit at any time with or without notice.**

Signature: _____ Date: _____

Step 4

Checking accounts require: A voided check attached to this form **(in Step 5)** **OR** a letter from your bank on bank letterhead stating you are the account holder, the type of account, routing number and account number attached to this form. ***We cannot accept bank statements, or starter checks.***
Checking accounts without checks, should follow the Savings Account Directions below.

Savings Accounts require: A letter from your bank on bank letterhead stating you are the account holder, the type of account, routing number and account number then attached to this form.

To mail your Direct Deposit Form:

Children's Hunger Alliance
370 S. 5th Street, Columbus,
OH 43215

Attention: Jay/ECN

-or-

Faxed to: 1-614-358-7701

Questions?
1-800-227-6446 x. 233