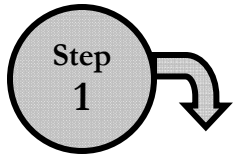


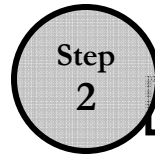
# Children's Hunger Alliance Direct Deposit Application



Provider #: \_\_\_\_\_

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

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



What type of account?  
(Circle One)

Checking                      Savings



Attach your VOIDED check here.



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: \_\_\_\_\_



**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.***  
***We cannot accept Starter Checks. Checking accounts without checks, should follow the Savings Account Directions below.***

To mail your Direct Deposit Form:

Children's Hunger Alliance  
370 S. 5<sup>th</sup> Street,  
Columbus, OH 43215

-or-

Fax to: 1-614-358-7701

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

**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.