



# Alternative Payment CalWORKs Program



## Authorization For Direct Deposit

Company Name:	Children's Resource & Referral of Santa Barbara County
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I authorize Children's Resource & Referral of Santa Barbara County (CRR) to initiate entries to my (our) account below:

Checking Account No. \_\_\_\_\_

Savings Account No. \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Routing Number: \_\_\_\_\_

Financial Institution's Address: \_\_\_\_\_

This authority is to remain in full force and effect until Children's Resource & Referral of Santa Barbara County has received written notification from me of its termination in such time and manner as to afford CRR a reasonable opportunity to act on it.

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

Full Name: \_\_\_\_\_ Provider ID: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

[Please Attach VOIDED Check Here]

**Office Use Only:**

Alternative Payment Program ID: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_