

**DIRECT DEPOSIT ENROLLMENT
CENTERS AND GROUP HOMES**

Initial Request Change Request

NAME		TITLE	
PROVIDER ID NUMBER	NAME OF FACILITY		
PROVIDER ID NUMBER	NAME OF FACILITY		
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PROVIDER ID NUMBER	NAME OF FACILITY		
PROVIDER ID NUMBER	NAME OF FACILITY		
PROVIDER ID NUMBER	NAME OF FACILITY		
NAME OF CORPORATION			
MAILING ADDRESS (No., Street, City, State, ZIP)			
DAYTIME PHONE NO.		NAME OF FINANCIAL INSTITUTION	
ROUTING NO.		ACCOUNT NO.	

I authorize the State of Arizona and the financial institution to process credit entries to the bank account number stated on this form. I will notify the State of Arizona of any known changes or closure of my bank account. When the State of Arizona is notified by my financial institution of changes affecting this direct deposit, the State of Arizona is authorized to make the applicable changes. This authorization is to remain in effect until a new authorization is received.

SIGNATURE	DATE
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Please submit this form with a copy of a voided check to:

Department of Economic Security
Child Care Administration, 801A
Attention: Brook Herrera
1789 W. Jefferson Street
Phoenix, AZ 85007

NOTE:

Your enrollment cannot be processed without a copy of a voided check attached. Please allow 60 days for Direct Deposit to start. Thank you.

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1.