



## Division of Child Care and Early Childhood Education



P.O. Box 1437, Slot S-145 · Little Rock, AR 72203-1437  
501-682-4891 · Fax: 501-682-2317 · TDD: 501-682-1550

To: Daycare Voucher Check Participants

From: Ivory Daniels, Family Support Unit Administrator

RE: Direct Deposit Authorization Form

Direct Deposit is a feature within the Automated Child Care System that is available to all license Daycare Voucher participants as an alternative method to receive daycare payments that will allow deposit directly to you checking/saving account. Requests for Direct Deposit must be submitted to DCC/ECE and must be signed by the owner. Owners may delegate this to an authorized representative. Authorized representatives must be identified in writing and be on file with DCC/ECE. You will receive a payment stub through the mail a few days after your payment is deposited to your account.

If you are interested in this option, please complete the attached form, attach a **VOIDED CHECK** and return to our office at the address below. If you have any questions with completing this form, please contact Ms. Delois Calhoun at (501) 683-0032 or 1-800-322-8176.

Arkansas Department of Human Service  
Division of Child Care and Early Childhood Education  
ATTN: Delois Calhoun  
P O Box 1437 slot s/145  
Little Rock AR 72203-1437

Encl: DD Authorization Form and Sample Form  
W-9 Request for Taxpayer Identification Number and Certificate

Arkansas Direct Deposit System  
General Expense Direct Deposit Authorization Form

AGENCY CODE 710            AGENCY TITLE: FAMILY SUPPORT UNIT            DATE: \_\_/\_\_/\_\_

CONTACT PERSON:            Delois Calhoun – DHS – Family Support Unit  
                                        P.O. Box 1437 – Slot – S145  
                                        Little Rock AR 72203

Telephone:                    (501) 683-0032 / 1-800-322-8176

CHECK WHERE APPLICABLE

\_\_\_\_\_ NEW ENROLLMENT

\_\_\_\_\_ CHANGE OF PRESENT FINANCIAL INSTITUTION AND/OR ACCOUNT  
COMPLETE ENTIRE FORM AND SIGN

\_\_\_\_\_ CANCEL PARTICIPATION (PLEASE SIGN FORM)

I hereby authorize the Arkansas Direct Deposit System (ADDS) to deposit to my account indicated below the net amount I am due as if a warrant had been delivered to me for that amount. I also authorize the financial institution indicated below to credit the net amount to the account. Should an incorrect entry be made, (ADDS) is authorized to initiate debit entries to my account necessary to correct the incorrect credit entries.

Financial Institution Name (Bank)/contact number: \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

Location of Bank (CITY): \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Select One Method:    Checking Account \_\_\_\_\_          Saving Account \_\_\_\_\_

This authority is to remain in full effect until (ADDS) has received written notification from me of its termination. I understand that by having my payment deposited in this manner, a direct deposit advice notification will be available and that there will be no charge.

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                          Federal ID: \_\_\_\_\_

Name (Facility) \_\_\_\_\_                          Facility Number \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_    Owner/ Authorized Representative Signature: \_\_\_\_\_

**ATTACH VOIDED CHECK**

AGENCY USE ONLY

BANK ROUTING NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_