

**4-C CHILD AND ADULT CARE FOOD PROGRAM
DIRECT DEPOSIT FORM**

If you would like your Food Program reimbursement deposited directly into your personal financial account, please complete this form and mail it to 4-C, 155 N 3rd St, Suite 300, DeKalb IL 60115:

Name on account _____

Business name (if applicable) _____

Account Type (circle one): **Checking** **Savings**

Bank Routing/Transit Number (9 numbers starting from the left)

Bank Account # (Next series of numbers):

Please attach a copy of a voided check (for checking), or a statement from the bank (for savings – as routing numbers are not typically included on deposit/withdrawal slips for savings accounts).