

**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).**