



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, 444 E Hillcrest Dr., Suite 300, DeKalb IL 60115, or email it to: kellyr@four-c.org, or FAX it to: 815-758-5652.

Name on account: _____

Business name (if applicable) _____

Account Type (circle one): Checking Savings

Bank Routing Number (9 numbers starting from far left of check):

Bank Account Number (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).

Sincerely,

Kelly Rodriguez
Child and Adult Care Food Program Director