

# DIRECT DEPOSIT ENROLLMENT CENTERS AND GROUP HOMES

Initial Request      Change Request

Name \_\_\_\_\_ Title \_\_\_\_\_

Provider ID Number \_\_\_\_\_ Name of Facility \_\_\_\_\_

Name of Corporation \_\_\_\_\_

Mailing Address (No., Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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 \_\_\_\_\_

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

Department of Economic Security  
Division of Child Care  
Payment Processing Unit  
P.O. Box 6123, MD 85J1  
Phoenix, AZ 85005

**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.**