

Authorization Statement

I hereby authorize First Step To Nutrition, Inc. to direct deposit into my bank account the Child Care Food Program reimbursement checks. If a joint account, both parties give permission for these transactions.

Signature

Date

Joint Account Signature

Date

Bank Name: _____

Bank Route Number: _____

Account Number: _____

Account Type: Checking _____ Savings _____

Please mail with voided check to:
First Step
PO Box 122
Wellsboro, PA 16901