



Authorization  
For  
Direct Payment

**WELLS  
FARGO**

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Company Name CHILD CARE LINKS

I authorize CHILD CARE LINKS (CCL) to initiate entries to my (our) account below:

Checking Account No. \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Routing Number \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_

This authority is to remain in full force and effect until CHILD CARE LINKS has received written notification from me of its termination in such time and manner as to afford CCL a reasonable opportunity to act on it.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_ Provider ID: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

[Please Attach VOIDED Check Here]