



KARAMU NUTRITION PROGRAM
Direct Deposit Authorization Application

CHILD CARE TYPE (CIRCLE ONE): **CENTER OR HOME**

KNP# _____

I hereby authorize the Karamu Nutrition Program to make electronic deposits of my monthly meal reimbursement funds into my (check one): _____ Checking account _____ Savings account.

I understand I am responsible for providing accurate account information and that this authorization is to remain in effect until I provide Karamu notification to terminate this agreement.

Childcare Owner/Director Name: _____

Childcare Center Name (if applicable): _____

PRINT NAME

SIGNATURE

DATE

INSTRUCTIONS:

Saving Accounts: Please ask your financial institution for a print out of your routing number and account number for direct deposit transactions.

Checking Accounts: Please attach a voided check to this application. (NOTE: Deposit Slips Cannot Be Accepted)

Mail To: Karamu Nutrition Program Inc.
2670 Union Avenue Extended
Suite 900
Memphis, TN. 38112

FOR OFFICE USE ONLY:

MM : Employee Name: _____

iTreasury : Employee Name: _____

Claim Database : Employee Name: _____