



**FOR RELATIVE CARE PROVIDERS ONLY
ALABAMA REIMBURSEMENT
AND SETTLEMENT AUTHORIZATION FORM**

PROVIDER ID #: _____

Date: _____

Full Legal Business Name _____

Authorizes XEROX and its designated financial institution, Bank of America, and the financial institution listed below to deposit reimbursement funds to and debit from (equipment) the indicated business account for activity related to the State of Alabama's Child Care Subsidy Program subject to the terms of the Provider Agreement.

Step 1: Choose () One: First Submission Change in Banking Info

Step 2: Choose () One: BUSINESS (has FEIN) INDIVIDUAL (No DBA, has SSN on file)

Step 3: Complete Provider Information and Payment Method:

DBA (Business Name)

Authorized Individual Name

Title

Address

City/State/ZIP

Telephone Number

Authorized Signature

Payment Method - Choose () One:

Direct Deposit (Please see additional information in Step 4 below)

Account Type (choose one):

Checking Savings

Bank Routing Number (ABA number)

Account Number

Step 4:

For checking accounts:

- Attach a Voided Check, deposit slips CANNOT be accepted as a form of proof.
- You may also enclose a letter from your bank with the Routing and Account Number information printed on it.

For savings accounts:

- Please enclose a letter from your bank with the Routing and Account Number information printed on it.

NOTE: Failure to follow directions in Step 4 MAY result in funds being rejected or deposited into the wrong account.

Step 5: Return completed form to:

**Xerox State and Local Solutions C/O Child Care
Contracts Department
1200 Williams Drive, Suite 1210
Marietta, GA 30066
Questions? Contact us at: Tel: 1-800-204-9919 Fax: 770-919-1884
Or E-mail – ecc@cdeinc.com**