

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

PROVIDER ID #: \_\_\_\_\_

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

Full Legal Business Name \_\_\_\_\_

Authorizes Conduent 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:**

**Mailing Address:**

Conduent State and Local Solutions  
P.O Box 80589  
Austin, TX 78708

**Fax Number:**

888-474-7160