

Authorized Signature (Primary):

Authorized Signature (Joint):

Little Steps Daycare Center

Date: _____

Date:

Direct Deposit Agreement Form

| Authorization Agreement | | |
|---|--|---|
| financial institution named bel | Daycare Center to initiate automatic depos ow. I also authorize Little Steps Daycare Ce that a credit entry is made in error. | |
| to incorrect or incomplete info | tle Steps Daycare Center responsible for an rmation supplied by me or by my financial itution in depositing funds to my account. | 3 |
| | | |
| 10 mm | effect until Little Steps Daycare Center rece nancial institution, or until I submit a new d | |
| cancellation from me or my fin | | |
| cancellation from me or my fin Payroll Department. Name of Financial Institution: | ancial institution, or until I submit a new d | |
| cancellation from me or my fin | ancial institution, or until I submit a new d | |