



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CHILDCARE RESOURCE SERVICE

DIRECT DEPOSIT APPLICATION

The YMCA Childcare Resource Service requires direct deposit for your child care payment. This service is **not optional**. Please read the following information and complete the Authorization Agreement ClearPay Service form for direct deposit.

No checks will be issued to you once the direct deposit process starts AND direct deposits cannot be stopped or changed without a 30-day written notice from the date that your last payment will be made to you. Additionally, two changes will be allowed during a contracting period.

If a deposit is rejected by your bank due to an error or closed account, a check will be processed only after funds are recovered by our office and you will be asked to submit current banking information.

The routing and account information you provide will be used by our bank to ensure all your child care payments are deposited automatically into your account.

On the website <https://careportal.mcttechnology.com> , you will receive a statement that identifies the children and weeks of care for which you were paid.

Should an error occur resulting in an incorrect amount being deposited into your account, your signature authorizes our agency to debit/charge your account for any correction amount necessary, but only after you have been notified.

Your ClearPay Service form must show the same name and signature that shows on the IRS form W-9 that we have in your provider file.

Should you need assistance in completing this form or have any questions, please contact a Provider Contract Specialist in our office at 619-521-3055 ext. 2537 or ext.2536.

Your signature acknowledges your acceptance to have direct deposits made to your bank account for child care payments and that you agree to the conditions for direct deposit as indicated above.

COMPANY NAME YMCA of San Diego County	COMPANY IDENTIFICATION NUMBER N/A
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PREAUTHORIZED PAYMENTS

I (we) hereby authorize N/A, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

AUTOMATIC DEPOSITS

I (we) hereby authorize YMCA of San Diego County, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my(our) Checking/ Savings account (select one) indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME-		
CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER/ROUTING NUMBER		ACCOUNT NUMBER

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PROVIDER NAME(S) (PLEASE PRINT)	To be completed by office personnel: Vendor# _____	
DATE	SIGNATURE	Checking ___ Savings ___ Account

***** FOR DEPOSITS TO CHECKING ACCOUNTS INCLUDE A VOIDED CHECK.

FOR DEPOSITS TO SAVINGS ACCOUNT OR ANY OTHER TYPE OF ACCOUNT; SUBMIT WRITTEN DOCUMENTATION OF ROUTING AND ACCOUNT NUMBER, YOUR NAME MUST APPEAR ON DOCUMENT.

Please return to:
AP Provider Unit
YMCA Childcare Resource Service
3333 Camino del Rio South #400
San Diego, CA 92108