



DIRECT DEPOSIT AUTHORIZATION

VIBRANT FUTURES
233 Fulton Street East, Suite 107
Grand Rapids, MI 49503

For Office Use Only	
Date Received	___/___/___
Date Entered	___/___/___

_____ New/Open
_____ Change
_____ Close

NAME

ADDRESS

CITY/ZIP

LICENSE NUMBER
() _____
PHONE NUMBER

DIRECT DEPOSIT EFFECTIVE _____ AS FOLLOWS:
MONTH/YEAR

Bank/Credit Union Name: _____

Savings/Checking No. _____
(Circle One)

Routing Number _____

Savings Account – Attach/Send a letter issued by your bank/credit union which includes the correct account number and correct routing number.

Checking Account – Attach/Send a Voided Check or a Direct Deposit Document issued by your bank/credit union which includes the correct account number and correct routing number.

This authorization form must be received on or before the 5th of the month to be effective for that month. Return this form, with the required documentation attached, to the above address, Attention: Finance Department. If you have any questions regarding your direct deposit, please call (616) 451-8281 ext. 237. You can also email this form and verification to tanyapm@vibrantfuturesmi.org.

I (we) hereby authorize Vibrant Futures to initiate deposit entries to my (our) Checking or Savings Account indicated above and the bank/credit union named above. I (we) agree that it is my (our) responsibility to verify that CACFP funds have been deposited on the last working day of the month into the account listed above.

PROVIDER SIGNATURE

DATE

ADDITIONAL SIGNATURE OF PERSON ON ACCOUNT

DATE