Foster Family Direct Deposit

Authorization Form & Instructions

Covenant Kids offers foster families the option of receiving foster care payments by direct deposit. Direct deposit payments will be scheduled to post to your bank on the **20**th of each month, or on the following business day if the 20th falls on a weekend or holiday. Direct deposits may only be deposited into one bank account. A detailed payment report will be emailed to the primary email address we have on file for your family within two days of the direct deposit payment.

To enroll in the direct deposit program, you will need to complete the following steps:

- 1. Complete and sign the Foster Family Direct Deposit Authorization Form below (**both** foster parents, if applicable, must sign and date the form)
- Attach <u>one</u> of the following: 1) a cancelled or voided check for the designated direct deposit bank account or 2) a direct deposit form from your bank with your bank and account information pre-printed on it
- 3. Send the Direct Deposit Authorization Form to Covenant Kids by one of the methods below:
 - FAX The best way to send the Direct Deposit Authorization Form is to fax it to: (817) 516-9102
 Attention: Accounting Department
 - MAIL You may also mail the Direct Deposit Authorization Form to: Covenant Kids, Inc. Attn: Accounting Department P.O. Box 173038 Arlington, TX 76003-3038

All completed direct deposit forms received by the **end of the each month** will be processed for the payments going out the **following month**.



Foster Family Direct Deposit Authorization Form

Authorization Agreement

This authorizes Covenant Kids, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Laws.

Further, I agree not to hold Covenant Kids, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This authorization will remain in effect until Covenant Kids, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Covenant Kids and it has a reasonable opportunity to act upon it.

Account Information					
Account type: OChecking Name of Financial Institution:	○ Savings				
Bank routing number (ABA numb	er):				
Account number:					

Attach a voided check here.

Signature(s)

Primary Name (Print):	
Authorized Signature (Primary):	Date:
Spouse/Joint Name (Print):	
Authorized Signature (Joint):	Date: