



Request for Direct Deposit

Child Care Providers

The Department of Early Learning and Care (DELIC) offers "direct deposit" for child care provider payments. This means DELIC can deposit your child care payments into your bank or credit union account instead of sending a check in the mail. Direct Deposit is optional and free. Once it is set up, your child care payments will automatically be deposited into your bank account. You may make changes or cancel at any time by sending a written notice to the address listed at the bottom of this form.

***NOTE:** Your bank information will remain on record until DELIC receives a written notice from you to cancel or make changes. If you are re-applying to be a listed child care provider and you were previously enrolled in direct deposit, please confirm that your account information is up to date. Your payments will be sent to the bank information on record until DELIC receives written notice to end the account or you submit this form with new banking information. If you would like to sign up for direct deposit or want to update your direct deposit information, complete and submit the two sections below. If you need support, contact DPU at 1-800-699-9074. You may send the form to DPU through the mail or scan and email a PDF to CustomerService.DPU@delc.oregon.gov.

Direct Deposit Authorization

(Be sure to sign your name in the signature space.)

By signing this form, I authorize DELIC to make provider payment deposits into my account at the bank or credit union named in the next section. I acknowledge that the origination of Direct Deposit transactions to my account must comply with the provisions of Oregon and U.S. law.

Print your name (last, first, middle initial)		Social Security number or Tax ID:	
Mailing address:		Provider number:	
Signature:		Date:	

See the example below or have your bank or credit union help you fill out the next section.

Bank or Credit Union Information

Check this box if the account we are sending a payment to is:		Business/Corporation		Personal	
Name on the account:		Routing number*:		Account number*:	
Account type: (check one)		Name of bank or credit union:		Phone number:	
<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings	()	

*Location of numbers on a check

MEMO	
1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0

Routing Number Account Number Check Number

When the form is complete:

- Attach a check with VOID written on it to the form if this request is for a checking account.
- Return the form and the voided check to:
Direct Pay Unit
PO BOX 14850
Salem, OR 97309-0850
- It can take up to 30 days to process your request

DELIC use only	Provider number:		Date entered:	
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