Rising Phoenix Enrichment Program Inc.

Financial and Electronic Enrollment/Change Form

This form will be used to establish accurate bank account information for automatic deposit of payments.

Institution's Legal Name	
Address	
City, State, Zip	
Contact Person	
Federal Employer Ident. #	

Program Type: ☐ Child/Adult Care ☐ At-Risk Afterschool ☐ Employee
(check all that apply)

Section I. Indicate Type of Action: *(check only one)*

☐ Enrollment *(For new participants. Complete all sections.)*

☐ Change/Add (For existing participants. This form should be used to change Bank Account Information.

Section II. Automatic Deposit Certification/Agreement

ATTACH A VOIDED CHECK WITH YOUR BANK ACCOUNT INFORMATION TO THIS FORM.

I authorize Rising Phoenix Enrichment Program, Inc. to deposit my reimbursements directly into my bank checking account with _____ Bank. **A voided check with my account number is attached to this form.** If I change banks or my bank account, I understand that I am responsible for submitting this form indicating a change to R.P.E.P. Inc. I further authorize Rising Phoenix Enrichment Program Inc. to adjust any over/under deposit made in error to my account.

Please Attach Voided Check

I certify that I am authorized to make this request to R.P.E.P. INC. I understand it is my responsibility to notify R.P.E.P. Inc. in writing within 5 business days of a change in bank or my bank account information for my organization.

Authorized Representative	Print Name	Title	Date
_____	_____	_____	_____

Please Note: You will be notified via mail the month the direct deposit will be entered.

R.P.E.P. INC. Use Only:

Updates Authorized: _____ Name Assigned: _____ Password Assigned: _____
Initial & Date

Name Assigned: _____ Password Assigned: _____