



DIRECT DEPOSIT REQUEST FORM

Employee Name: _____

Day Care Location

	BLUE BELL
	DASD
	FELLOWSHIP
	ITHAN
	OWEN J. ROBERTS
	TREDYFFRIN/EASTTOWN
	WARMINSTER
	WCASD

Financial Institution _____

Checking Account _____

Savings Account _____

Routing Number _____

Account Number _____

I authorize A Child's Place Extended Care Inc. to initiate credit entries to my account indicated above and the financial institution named above.

Employee Signature _____

E-Mail address _____

Voided Check

Attach a blank voided check here

CORPORATE OFFICE

524 SUGARTOWN ROAD, DEVON, PA 19333 – 610-272-8085 FAX 610-710-4305