

Youth Educational Services, 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	<input type="text"/>		
Address	<input type="text"/>		
City, State, Zip	<input type="text"/>		
Contact Person	<input type="text"/>		

Federal Employer Ident. #

Program Type: Child Care Adult Care Day Care Home
(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 Youth Educational Services, 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 Y.E.S. Inc. I further authorize Youth Educational Services, 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 Y.E.S. INC. I understand it is my responsibility to notify Y.E.S. 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.

Y.E.S. INC. Use Only:			
Updates Authorized: _____	Name Assigned: _____	Password Assigned: _____	
Initial & Date	Name Assigned: _____	Password Assigned: _____	