

**REQUEST TO CHANGE
BANKING/CREDIT UNION DEPOSIT INFORMATION**

To: State of Indiana FSSA-ACS
Electronic Funds Transfer (EFT)

Re: Direct Deposit

This letter is to create/modify my State of Indiana Child Care CCDF
Provider account information.

I further understand that NO updates to my account information will be processed until this form and a copy of a voided check or deposit slip are received at the mailing address or fax number listed below.

Please update my record as follows:

Provider Name: _____

Center/Facility Address _____

County _____

OLD Account Info:

Bank/Credit Union Routing Number: _____

Checking Account Number/Name on Account:

Savings Account Number/Name on Account:

NEW Account Info:

Bank/Credit Union Routing Number: _____

Checking Account Number/Name on Account:

Savings Account Number/Name on Account:

Printed Name _____

Signature _____

Print Title _____

Date _____

IMPORTANT:

- a. **ATTACH COPY OF VOIDED CHECK OR DEPOSIT TICKET
(for savings account).**
- b. **RETURN THIS FORM TO:**

ACS State & Local Solutions, Inc.
101 West Ohio, Suite 1700
Indianapolis, IN 46204

FAX – (317) 423-9720

If you have any questions please feel free to contact us at :
1-800-422-0850.

Thank you.