

KIDCARE NUTRITION SPONSOR

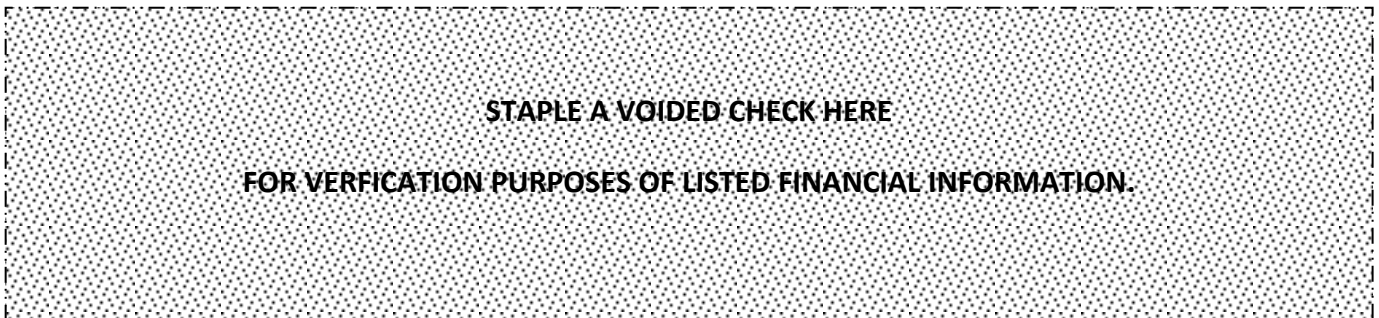
AUTHORIZATION FOR DIRECT DEPOSIT OF MEAL REIMBURSEMENT

Please print all information.

Date: _____

Name: _____

Bank or Financial Institution Information	Checking Account _____ Savings Account _____
Bank's Name	
City and State	
Routing/Transit Number	
Account Number	



By signing below, I authorize KidCare Nutrition Sponsor to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error, to my above noted bank account each month. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Federal law. This authority granted to KidCare will remain in effect until I have cancelled it in writing.

Signature _____

Please keep a copy of this authorization for your records.