

## Childcare Subsidy Request

Child's Name:		DOB:	Date:
Childcare Name:		□ Registered □	Licensed 🗆 Exempt
Date of Childcare Enrollment			
Childcare Address			Phone
☐ Child is not in daycare	because		
Name of Placement Caregiver		Provider ID	
Caregiver Address			
Placement Setting:	☐ Relative/Nonrelative	☐ Foster Home Level	1 ☐ Foster Home Level 2-5
Is the primary caregiver of	the child employed?	☐ Yes, employed.	☐ No, unemployed
initiate credit entries and to my (our) checking/savings credit the same to said acco	initiate, if necessary, debit account indicated below a nunt.	entries and adjustments for and the financial institution	and its duly authorized agent, to any credit entries made in error to named below, to deposit and/or
Financial Institution			·
			Zip
This is to remain in full for either of us) of its terminati financial institution named	ce until PSF and its duly at on in such time and in such above a reasonable opport	uthorized agent has received n manner as to afford PSF of unity to act on it. Please no	F A BLANK VOIDED CHECK d written notification from me (or or its duly authorized agent and the otify the PSF Finance Department NAMES AND SIGNATURES
Name listed on the account (print/type)		Signature	Date
Name listed on the accor	ant (print/type)	Signature	Date
Once the authorization fo	:	.: :11.1 :: : 1.1 ::	.1

Once the authorization form is received, the information will be verified before the program is initiated. After enrollment, it may take up to two check cycles for PSF and its duly authorized agent to verify and process the information to begin providing childcare subsidy via direct deposit. Any changes in banking information (account numbers, finical institutes, etc.) made to your direct deposit will result in the changes being treated as a new enrollment.

Submit this completed form to: kinship@pfsf.org