The Cash Management Improvement Act (P.L. 101-453) mandates that all federal reimbursements be deposited directly into an account by electronic transfer. In order to receive reimbursement for the CACFP, this form must be completed.

**FOR CHANGE/NEW INSTITUTIONS (Circle One)**

The Cash Management Improvement Act (P.L. 101-453) mandates that all federal reimbursements be deposited directly into an account by electronic transfer. In order to receive reimbursement for the CACFP, this form must be completed.

**Agreement Number:**

*(If new applicant, leave blank.)*

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

1. **CLASS NAME:** CAC (Child and Adult Care)

2. **NAME OF CACFP INSTITUTION:**

3. **SIGNATURE FOR THE INSTITUTION:**

4. **DATE:**

I hereby authorize the State of Oklahoma Treasury, hereinafter called Treasury, to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any _____ checking or ______ savings account indicated below and the financial institution named above, hereinafter called Depository, to credit and/or debit the same amount(s) owed by or due to me by the State of Oklahoma. This authority is to remain in full force and effect until Treasury has received written notification from me of its termination in such time and in such manner as to afford Treasury and Depository a reasonable opportunity to act on it.

5. **BANK TRANSIT/ABA NUMBER**

   *(Bank routing number; call the bank for assistance)*

6. **CHECKING/SAVINGS ACCOUNT NUMBER**

   *(Call the bank for assistance)*

**ATTACH VOIDED CHECK**

Please mail the completed form to:

Oklahoma State Department of Education
Child Nutrition Programs Section, Room 310
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599