South Dakota Department of Social Services

CHILD CARE PAYMENT AUTHORIZATION FORM

Provider Information	
Name:	Provider Number:
Business Name:	
Mailing Address:	
City:	State/Zip:
Daytime Telephone Number:	
Social Security Number:	Date of Birth:

Please select from the available options:

☐ **OPTION #1 DIRECT DEPOSIT** (effective as soon as form is processed by CCS office)

Name of Your Financial Institution:	
Financial Institution Address:	
Financial Institution City:	State/Zip:
Financial Institution Telephone Number (if known):	
Type of Account: ☐ Checking ☐ Savings	

***Remember to attach a voided check/copy of check to this form or a letter from your financial institution including your routing and account numbers. Do not attach a deposit slip; the routing number is not always correct.**

☐ **OPTION #2 Way2Go Card®** (effective as soon as enrolled by CCS office)

**Note: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, Comerica Bank will ask for your name, address, date of birth and other information that will allow them to identify you. Comerica Bank may also ask to see your driver's license or other identifying documents.*

As soon as we receive your form, we will process your enrollment. Your card will arrive through the mail within 5-7 business days of your enrollment. For security reasons, your card will arrive in a plain, white, windowed envelope with an Austin, Texas return address. You must activate your card to receive your payments.

If you request a payment, and we have enrolled you to receive a Way2Go Card®, you may experience a delay in receiving your initial payment to the Way2Go Card® if the card has not yet arrived to your address.

By selecting an option above, you acknowledge the following: I authorize the Department of Social Services to credit my provider payments to the option and account listed above, and if necessary, reverse any incorrect credit entries made in error. I acknowledge that a new authorization form must be completed if I choose to change options, financial institution, or account number.

Your Signature _____ **Date** _____

Mail this completed form to:

Child Care Services
Department of Social Services
700 Governors Drive
Pierre, SD 57501