



**MAKE TIME FOR THE THINGS THAT MATTER MOST.**

**SIGN UP FOR DIRECT DEPOSIT TODAY AND GET PAID SOONER!**

## **ACD NOW ACCEPTS RELOADABLE PREPAID DEBIT CARDS!**

**Prepaid debit cards are easy to use and reloadable. They are fast, convenient, safe, and allow you to receive your reimbursement 3-5 days earlier than waiting for your check to arrive in the mail!**

There are many prepaid card options, so please do your own research to decide which is the best fit for you! Many prepaid cards have no hidden charges and won't be determined by or affect your credit history.

Many of these cards can also be used for other purposes such as direct deposit of income tax refunds and payroll checks.

**Here are a few options for you to research:**

**✔ Green Dot ® Reloadable Prepaid Visa ® Card:**

- ➔ No overdraft fees. No fees for declined transactions. No fees for cashback at point of sale. No fees for customer service. No fees for card disclosures.
- ➔ No monthly or annual fees
- ➔ No credit check to get a card

**✔ Bluebird by American Express:**

- ➔ No monthly or annual fees
- ➔ No credit check to get a card

**✔ Brink's Money Prepaid Mastercard ®:**

- ➔ \$10 purchase cushion when you're a little short
- ➔ No credit check to get a card



There are many other options and features for you to consider. Check online at [www.bankrate.com](http://www.bankrate.com) or [www.creditcards.com](http://www.creditcards.com) to begin your research!

**Questions or concerns? Give us a call at  
(800) 234-3287 (Ext. 545)**

# Direct Deposit Authorization Agreement

I (we) hereby authorize the Association for Child Development (ACD) to deposit my reimbursement or make reversals into the account listed below. The authorization agreement remains in effect until ACD receives a written notice of termination from me, with reasonable time to act upon it, or until ACD sends me written notice of termination of this agreement. I understand that my bank or credit union can take up to 48 hours to post my direct deposit to my account. I also understand that I am responsible for checking with my financial institution to ensure my reimbursement is available BEFORE accessing this money.

## Contact Information

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ACD Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Required Financial Institution Information

Account Type (select one): Checking \_\_\_\_\_ Savings \_\_\_\_\_ Reloadable Debit Card \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

**For direct deposit to a checking account  
attach a voided check.**

**OR**

**For direct deposit to a savings account  
or reloadable debit card, attach a bank  
letter with account and routing numbers.**

**Return this form and attachments by mail,  
email, or fax to:**

**Association for Child Development**  
P.O. Box 7130  
Westchester, IL 60154

**Fax Number: (708) 236-0872**

**Email: illinois@acdkids.org**