

North Carolina Department of Health and Human Services – Office of the Controller



CACFP Payment Verification Form

Telephone: 919-527-6137

Fax: 919-715-4829

Email: Eddie.Driver@dhhs.nc.gov

Division: DPH / Women & Children / Nutrition Services / 2BCN

Return to: DHHS Controller's Office
ATTN: Eddie Driver
2019 Mail Service Center
Raleigh, NC 27699-2019

Dear Institution:

For your convenience and program benefit, the State of North Carolina requires payees' future payments to be made electronically, rather than by check. Your payments will be deposited into the checking or savings account of your choice. In addition to having the money deposited electronically, you will also be notified of the deposit electronically, either by fax or by email. The fax or email will provide you with all the information that would normally be on your check stub. In order to process, all of the following information is **required** for your request.

- **Write the word "VOID" in large letters across a blank check or deposit slip from your banking institution. Attach the check or deposit slip to the bottom of this page. Please make sure pre-printed account holder's name (Payee/Institution name) is on voided check or deposit slip.**
- **Complete the information below. PLEASE PRINT. Mail, scan or fax this form to the Controller's Office.**

Agreement # _____
Payee Name (Institution Name) _____
Federal ID# _____
Bank Name _____
Bank Routing Number _____

What type of account is this? Select one: Checking or Savings Account

() Checking Account Number _____
() Savings Account _____

How would you like to receive your payment notification? Select one ONLY: Fax or Email.

() Fax Number (_____) _____ - _____
() Email _____

Signature of **NC CARES** Authorized Signer _____ Date _____

Printed Name _____

Title _____

- () **CANCEL DIRECT DEPOSIT.** Enter address where checks are to be mailed to.

Address: _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP