

### EFT Enrollment Form for Kinship Support Payments

<b>CASE NAME</b>	<b>CASE NUMBER</b>	<b>DATE</b>
<b>CHILD'S NAME</b>	<b>ADDRESS</b>	
<b>CITY/STATE/ZIP</b>	<b>PHONE NUMBER</b>	
<b>PAYEE NAME</b> <i>(limit to one payee)</i>		
<b>NAME OF BANK/SAVINGS &amp; LOAN/CREDIT UNION</b>		
<b>TYPE OF ACCOUNT</b> <i>(if using a checking account, please provide a copy of a voided check)</i>  <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>EFFECTIVE DATE</b> <i>(if received before the 17<sup>th</sup> of the month, it will be effective the 1<sup>st</sup> of the following month, otherwise it would be the next)</i>	
<b>ACCOUNT NUMBER</b> <i>(include zeros)</i>	<b>ROUTING NUMBER</b> <i>(from check)</i>	

*The Kinship Support Program is a statewide program administered by the Office of Families and Children. It provides payments directly to eligible kinship caregivers for the care of kin children. Kinship caregivers can request EFT (direct deposit) or check as the payment method. The payment method option chosen by the kinship caregiver is entered on the Provider Payment Information within Ohio SACWIS (Statewide Automated Child Welfare Information System).*

*I hereby authorize Lucas County Children Services PCSA to enter my EFT information for the bank named above into Ohio SACWIS. I understand that I must have opened an account at the bank. I understand that I am responsible for payment of any service or finance charges, check fees, returned check charges or any other banking costs or services that apply to my account.*

<b>KINSHIP PROVIDER 1</b>	<b>DATE</b>
<b>KINSHIP PROVIDER 2</b>	<b>DATE</b>