

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



**Payment Verification Form**

**Telephone: 919-527-6148**

**Fax: 919-715-4829**

**Email: [john.helmlinger@dhhs.nc.gov](mailto:john.helmlinger@dhhs.nc.gov)**

**Return to:**

DHHS Controller's Office  
**ATTN: John Helmlinger**  
2019 Mail Service Center  
Raleigh, NC 27699-2019

Division of Child & Family Well-Being  
Community Nutrition Services Section  
Child & Adult Care Food Program / 2DCN

Dear CACFP Institution:

For your convenience and program benefit, the State of North Carolina requires payees' future payments to be made by electronic deposit into the checking or savings account of your choice. You will be notified of the deposit by fax or email. The fax or email will provide you with all the information that would normally be on your check stub. **All the following information is required to process your payment.**

Write the word "VOID" in large letters across a blank check or deposit slip (for savings accounts) from your banking institution. Attach the check 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. A bank letter verifying the account information is also acceptable.

Complete the information below. PLEASE PRINT. Mail or fax this form to the Controller's Office above.

Payee Name \_\_\_\_\_ CACFP  
(Institution Name) \_\_\_\_\_ Agreement #: \_\_\_\_\_

Federal ID# \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Type of account: Select Checking **or** Savings and list the number

Checking Account Number \_\_\_\_\_

Savings Account Number \_\_\_\_\_

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

Email Address \_\_\_\_\_ (only one Email Address)

**OR**

Fax Number \_\_\_\_\_ (only one Fax Number)

Signature of NC CARES Authorized Signer \_\_\_\_\_ Date \_\_\_\_\_

Printed Name & Title of Authorized Signer \_\_\_\_\_

**CANCEL DIRECT DEPOSIT:** Enter address where checks are to be mailed (PLEASE PRINT)

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

\_\_\_\_\_

**ATTACH VOIDED CHECK, DEPOSIT SLIP, or BANK LETTER TO SIGN UP FOR DIRECT DEPOSIT**