

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

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 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 by email. The 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 (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. Mail, email, 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 _____

Please enter the Email Address below where you would like to receive your payment notification.

Email Address _____ (only one Email Address)

Signature of Institution's Authorized Signer _____ Date _____

Printed Name & Title of Authorized Signer _____

Attach VOIDED check, deposit slip, or bank letter to sign up for DIRECT DEPOSIT.

To CANCEL direct deposit: Enter address where checks are to be mailed

Address: _____
