



DIRECT DEPOSIT CHILDCARE REIMBURSEMENT FORM

Office Use Only
 Authorized: _____
 GL Code: _____

Reimbursement Payable to:

Full Name: _____ Phone: (_____) _____

Address: _____

Direct Deposit Authorization
Attach voided check.

I authorize you and the financial institution listed below to deposit my reimbursement automatically to the indicated account and to make adjusting entries as may be required.

Bank/Credit Union	State	Type (CK or SV)	Account Number

New Change If change, the Account Number to be replaced: _____

I understand that deposits are normally available on the Monday following our weekly Thursday accounts payable processing. It is my responsibility to verify deposits before writing checks against these funds. It is also my responsibility to inform Seacoast if I change my bank account in the future.

Signature _____
Date

MAIL THIS FORM TO THE CAMPUS YOU ATTEND ATTN. LIFE GROUPS.

Please fill out ONE form per event.
 Forms must be submitted within 14 days of meeting.

Ministry Event [Circle One]	Group/ Event Date	# of Children	# of Hours	Amount Paid
Life Group, Alpha, Support Group, Recovery Group				
Other: _____				

Name of Childcare Provider: _____

Life Group/Event Leader's Name: _____

Life Group/Event Leader's Signature & Name of Coach or Pastor: _____

Reimbursement Chart

# of Children	1 Hour	2 Hours	3 Hours	4 Hours
1	\$7.00	\$14	\$21.00	\$28
2	\$7.50	\$15	\$22.50	\$30
3	\$8.00	\$16	\$24.00	\$32
4	\$8.50	\$17	\$25.50	\$34
5	\$9.00	\$18	\$27.00	\$36