

# Direct deposit for the Minnesota Child Care Assistance Program

Child care is an important job. Being paid for doing your job is also important. Getting paid for your work for the Child Care Assistance Program (CCAP) is easier thanks to **Electronic Fund Transfer (EFT)**.

## What is Electronic Fund Transfer?

Direct deposit of your Child Care Assistance Program payments automatically into your bank account is available. This is called Electronic Fund Transfer, or EFT. In most cases, you'll receive your money faster by using this service. You won't have to wait for a check to arrive in the mail.

## Why should I use EFT?

This method is safe, reliable and easy to use. You won't have to make a deposit at the bank, or worry about lost or stolen checks. With Electronic Fund Transfer, you'll receive your money safely and quickly.

This service not only saves you time and effort, it also saves tax dollars, costing the state less money than printing and mailing checks.

## How will I know how much money has been deposited into my account?

You will be mailed a remittance advice that details what you've been paid each billing cycle. The remittance advice lists children in your care, payment IDs and the amount paid for each child.

## How will my privacy be protected?

You may have more privacy with Electronic Fund Transfer. Checks contain a lot of personal information. With Electronic Fund Transfer, the information passes electronically from the Minnesota Department of Human Services to your bank. The information sent is protected by encryption – an electronic scrambling of data and other security procedures—to ensure your information stays private.

## How often will I be paid?

You can choose to bill the county in either a two-week or four-week billing cycle. Contact the Child Care Assistance Program agency listed on the following page for more information.

## How do I sign-up?

Signing up for Electronic Fund Transfer is easy. Fill out the authorization form and return it to the Child Care Assistance Program agency listed on the following page. Include a voided check or a letter from your bank that includes their routing number and your account number.

Provider Information		
NAME OF PROVIDER	CCAP PROVIDER ID	LICENSE NUMBER (IF APPLICABLE)
Account Holder Name		
LAST NAME	FIRST NAME	MIDDLE NAME
Account Information		
NAME OF BANK/CREDIT UNION	ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	



Routing Number (nine digits)

Account Number (up to 17 digits)

(Include a voided check or letter from your bank that includes their routing number and your account number.)

- I am an authorized signer on this bank account.
- I am fully authorized to sign this document, and if I am a licensed child care provider, I attest and represent that I am an owner, license holder, or controlling individual as defined in Minnesota Statutes, section 245A.02.
- I authorize the Minnesota Department of Human Services (DHS) to make deposits to the account listed above. DHS may make deposits to this account until I cancel this authorization and DHS has had time to act on it. If funds are mistakenly deposited into my account, I authorize DHS to deduct the amount of error from my account or from my future payments.

NAME (PRINT)	TITLE
ACCOUNT HOLDER SIGNATURE	DATE

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**Where do I return this form?**

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ደኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዮች ስራተኛ ይጠይቁ ወይም በስልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုတ်ဟ်သးဘတ်တကုတ်. ဖဲနမုတ်လိတ်ဘတ်တမၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒုတ်လိတ် တီလိတ်မိတ်ခါအံၤန့ၣ်,သံကွတ်ဘတ်ပုၤဂုၤဝိအပုၤမၤစၢၤတၢ်လၢနဂီၢ်မုတ် မုတ်ကိးဘတ် 1-844-217-3549 တကုတ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI (8-15)



For accessible formats of this publication or additional equal access to human services, write to [dhs.ccap@state.mn.us](mailto:dhs.ccap@state.mn.us), call 651-431-3809, or use your preferred relay service. (ADA1 [9-15])