

Exhibit A

INDIANA CHILD CARE HOME OR CENTER SETTLEMENT AUTHORIZATION FORM

PROVIDER ID #: _____

Date: _____

FULL LEGAL BUSINESS NAME: _____

Authorizes Conduent and its designated financial institution, Bank of America, and the financial institution listed below to deposit reimbursement funds to and debit from (equipment) the indicated business account for activity related to the State of Indiana Child Care Program subject to the terms of the Provider Agreement.

Step 1 (Choose one): First Submission Change in Banking Info

Step 2 (Choose one): Business Individual

Step 3: Complete Provider Information and Payment Method:

DBA (Business Name)

Authorized Individual Name

Title

Address Line 1

Address Line 2

City/State/ZIP

Telephone Number

Authorized Signature

Step 4:

For checking accounts:

- Attach a Voided Check, deposit slips CANNOT be accepted as a form of proof.
- You may also enclose a letter from your bank with the Routing and Account Number information printed on it.

For savings accounts:

- A Deposit Slip for Savings Accounts CAN be accepted.
- You may also enclose a letter from your bank with the Routing and Account Number information printed on it.

NOTE:

- Failure to follow directions in Step 4 MAY result in funds being rejected or deposited into the wrong account.
- Please note that information received after 4pm the Friday before pay period will take effect the following pay period.

Step 5: Return completed form to:

Conduent State and Local Solutions PO Box 80589 Austin, TX 78708 | ECCOperations@conduent.com

Payment Method – Choose One

Direct Deposit

(Please see additional information in Step 4 below)

Account Type (Choose One)

Checking Savings

ABA Bank Routing Number

Account Number