



**CHILD CARE ASSISTANCE PROGRAM**  
**DIRECT DEPOSIT BANKING INFORMATION**  
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
ECONOMIC ASSISTANCE DIVISION  
SFN 49 (1-2022)

Provider License Number or SPACES ID			
Name of Provider			Telephone Number
Address	City	State	ZIP Code
Mailing Address (if different from above)	City	State	ZIP Code
Name of Bank			
Bank Account Number	Bank Routing Number (9 digits)		
<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account			

Signature (Your typed name will represent your electronic signature)	Date (MM/DD/YYYY)
Title <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Accountant <input type="checkbox"/> Other (describe) _____	

Mail to:  
Child Care Assistance Program  
North Dakota Department of Human Services  
600 E. Boulevard Ave, Dept. 325  
Bismarck, ND 58505-0250

Phone: (701) 328-2332  
Toll Free: (800) 755-2716  
Fax: (701) 328-1060  
Email: [dhseap@nd.gov](mailto:dhseap@nd.gov)