

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Company

ID Number

(Company Tax ID or SSN)

I (WE) hereby authorize the **EARLY LEARNING COALITION OF DUVAL INC**, herein after called **COMPANY**, to initiate deposit entries to my (our)

Checking Savings account (select one)

at the bank named below, herein called **BANK**. I (WE) acknowledge that the origination of the deposit transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME

CITY

STATE

BANK ROUTING NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **BANK** reasonable opportunity to act upon it.

NAME

EMAIL ADDRESS

TITLE

PHONE NUMBER

SIGNATURE

DATE

Please attach a voided check to this form or a letter from your bank showing the routing number, account number, and the name of account owner. Submit via the provider portal. Please call the Finance Dept. 904-208-2044 option 2, and then option 1, to notify us of this upload.