



## 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 the account owner. Please upload to the Banking Information folder in the Document Library on the [DEL Provider Portal](#). Please email the Finance Dept. at [purchasing@elcduval.org](mailto:purchasing@elcduval.org), to notify us of this upload.**

\* A starter check can NOT be used. The check must have the Provider's name imprinted at the top left.