



## **AUTHORIZATION FOR AUTOMATED DEPOSITS** **(ACH CREDITS)**

I (we) hereby authorize Early Learning Coalition of Alachua County, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit adjustments for any credit entries in error to my (our) checking or savings account (select one) indicated below and the depository name below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

### **COMPANY INFORMATION**

NAME: **Early Learning Coalition of Alachua County, Inc.**  
TAX ID #: **59-3995622**

### **DEPOSITORY INFORMATION**

NAME: \_\_\_\_\_  
BRANCH: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TRANSIT/ABA #: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

I (we) certify that my (our) signature below is that of an authorized signer(s) and responsible party(ies) on the account to be credited or debited as a result of this authorization and further agree to indemnify and hold harmless the DEPOSITORY, COMPANY, any financial institution originating the credit or debit, and any other entity from any damage, loss or cost incurred as a result of any unauthorized signature on this authorization.

This authority is to remain in full force and effect 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 a reasonable opportunity to act on it.

### **PROVIDER INFORMATION**

NAME: \_\_\_\_\_  
TAX ID #: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER must submit a voided check for a checking account or a voided deposit slip for a savings account along with this form as instructed by COMPANY.