



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Company

ID Number

(Company Tax ID or SSN)

I (WE) hereby authorize the **EARLY LEARNING COALITION OF DUVAL**, 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(S)

EMAIL ADDRESS

SIGNATURE

PHONE NUMBER

SIGNATURE

DATE

PLEASE ATTACH A VOIDED CHECK TO THIS FORM. IF YOU HAVE A SAVINGS ACCOUNT, PLEASE OBTAIN DOCUMENTATION FROM YOUR BANK SHOWING THE ROUTING NUMBER AND ACCOUNT NUMBER. FAX TO ATTN: NACHELE BROOKS - (904) 224-5142.