



Early Learning Coalition of Marion County, Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Early Learning Coalition of Marion County, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Early Learning Coalition of Marion County, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Early Learning Coalition of Marion County, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until I submit a new direct deposit form to the Finance Department, or Early Learning Coalition of Marion County, Inc. receives a written notice of cancellation from me or my financial institution, or until the termination of the contract, whichever comes first.

Check one: [] New Vendor [] Change of Information

Vendor Information

Name of Individual or Company:
Mailing Address
City, State, and ZIP
Daytime Telephone Number:
Email Address:
Tax Identification Number [] FEIN [] SSN
Check One

Account Information

Name of Financial Institution:
Routing Number: [] Business [] Personal
Check One
Account Number: [] Checking [] Savings
Check One

Signature

Authorized Signature (Primary): Date:
Authorized Signature (Joint): Date:

NOTE: Authorized signature is that of the person or persons who is authorized to sign on the bank account..

Please attach a voided check or bank direct deposit request form and return this form to:
Early Learning Coalition of Marion County, Inc.
Finance Department
2300 SW 17th Rd
Ocala, FL 34471