



2300 SW 17th Road Ocala, FL 34471  
 PHONE 352-369-2315  
 FAX 352-369-2308  
 www.ELC-Marion.org

## 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 Finance Department  
 Finance@ELC-Marion.org