



# 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)**

\_\_\_\_\_  
**TAX ID NUMBER**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**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)394-1234.**