



Direct Deposit Agreement/Declination Form

Name of Provider or School: _____

Authorization Agreement

I hereby authorize **the Early Learning Coalition of Brevard County, Inc.** (henceforth referred to as “the Coalition”) to initiate automatic deposits to my account at the financial institution named below. *This account corresponds with the name and/or institution and taxpayer identification number indicated on the W-9 form provided to the Coalition.* I also authorize **the Coalition** to reverse entries made in error to this account.

Further, I agree not to hold **the Coalition** 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 **the Coalition** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to **the Coalition Finance Department**.

Account Information

Name of Financial Institution:			
Address of Financial Institution:			Financial Institution Phone #
			()
Routing Number:			Contact:
Account Number:			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Declination Option (MUST HAVE WRITTEN, PRIOR APPROVAL FROM FINANCE DEPARTMENT)

I opt to decline automatic deposits from **the Coalition** as described above. I agree that upon declination a live check will be issued and mailed via USPS with delivery confirmation to the name and address provided below; *the name provided corresponds with the name and/or institution and taxpayer I.D. indicated on the W-9 provided to the Coalition.*

I understand that in opting for this method of payment that payment(s) may or may not be delayed due to **Coalition** and Postal Service processing. Also, I understand all postage costs will be deducted monthly from my reimbursement. Further, I agree not to hold **the Coalition** responsible for any delay or loss of funds due to USPS processing or error.

Any requests for changes to this agreement must be submitted in writing to **the Coalition**.

Pay to the Order Name:
Address:

Signature (Authorization or Declination)

Authorized Signature (Primary): _____ Date: _____

*Authorized Signature (Joint): _____ Date: _____

*** Joint signature is required for joint accounts**

Once the authorization form is received, the information will be verified before the program is initiated. After you enroll, it may take approximately **two (2) check cycles** for **the Coalition** and its duly authorized agent to verify and process the information to begin reimbursing you via direct deposit. During this processing period, you will continue to be issued a live check. Any changes in banking information (account numbers, financial institutes, etc.) made to your direct deposit will result in the changes being treated as a new enrollment.

~ IF AUTHORIZING AUTOMATIC DEPOSITS, PLEASE ATTACH A VOIDED CHECK ~

Important information regarding automatic deposits:

- The name (person or daycare center) and social security number or taxpayer identification number on the account you want your payments deposited to **must be the same name and id number on the W-9** submitted to the Coalition.
- Joint accounts must be signed by **both parties named on the account**, even if only one (1) account holder is receiving payment.
- It may take two (2) payment cycles for automatic deposit payments to begin. A live check will be issued during that time.
- You must submit a **voided check**; a deposit slip is not acceptable.

For live checks:

- Checks can only be issued to the **same name and/or day care center indicated on the W-9** submitted to the Coalition.
- The Coalition cannot be responsible for payments lost or delayed in the mail.

Any changes such as:

- Address
- Name
- Account
- Bank
- Method of payment

Must be submitted *in writing* to the Coalition to take effect.