ACH Deposit Form

Date: _____/_____/20____

Payee/Vendor Information

Payee/Vendor Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Contact Name _____
Last First Middle

Contact Email _____

(For ACH remittance notification)

Complete this section for New Enrollments or for Financial Institution or account changes.

Select ***one***: ☐ New Enrollment ☐ Financial Institution or Account Change

Bank Name _____ Branch (if applicable) _____

Address _____ City _____ State _____ Zip _____

Transit/Routing Number _____ Account Number _____

Account Type (***check one***) _____ Checking Account _____ Savings Account

I, the undersigned, authorize Easterseals Northeast Central FL (ESNECFL) to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until (ESNECFL) receives a written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature _____ Date _____

Name (printed) _____ Title _____

Complete this section to *CANCEL* your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for Easterseals Northeast Central FL (ESNECFL) to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as ESNECFL has reasonable time to act upon it.

Signature _____ Date _____

Name (printed) Title

Mail the completed form to the address below, fax to (386) 888-7273 or email to accountspayable@esnecfl.org

Easterseals
Northeast Central Florida
1219 Dunn Ave
Daytona Beach, FL 32114

For ESNECFL use only

Vendor Number _____ Date Received _____

Updated: 5/20/2021, 11/30/2021