Early Learning Coalition of Palm Beach County
Ready to Learn. Ready for Life.

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

TO BE COMPLETED BY VENDOR

TYPE OF REQUEST	☐ New Request	☐ Change	☐ Cancel electronic payment

Organization Information:

Name:					
Business Address:		**City:**			
		State:		**Zip:**	
Mailing Address:		**City:**			
		State:		**Zip:**	
Tax ID Number:					

Payment Contact:

Name:		**Title:**	
Phone:		**E-mail** (for email confirmations):	

Authorized Representative:

I, as an authorized representative, attest that the above organization is an authorized vendor/provider and is entitled to receive payment from the Early Learning Coalition of Palm Beach County, Inc. for services rendered. I authorize the agent to deposit provider payments directly into the following account and if necessary, reverse any incorrect entries made in error related to those payments, on behalf of the above named organization until further written notice. I understand a NEW form must be completed for any and all changes which may take up to 30 days to become effective. In any event if the transaction is returned from the bank, the organization will be responsible for any and all related charges/fees which may be incurred.

Name:			
Title:			
Signature:		**Date:**	

Banking Information:

Bank Name:					
Bank Address:		**City:**			
		State:		**Zip:**	
Name of Account Holder (if different)		**Bank Phone #:**			
Account Number:		**Routing Number (9 Digits):**			
Type of Account:	☐ **Personal Checking**	☐ **Business Checking**		☐ **Savings**	

A VOIDED CHECK OR LETTER FROM YOUR FINANCIAL INSTITUTION MUST ACCOMPANY THIS AUTHORIZATION - DEPOSIT SLIPS AND STARTER CHECKS WILL NOT BE ACCEPTED * FAX COMPLETED AND SIGNED FORM TO: 561-745-3642