



To enroll in Family Partnerships of Central Florida's direct deposit program, please complete this authorization form and return it to our accounting department at: Family Partnerships of Central Florida, Attn: Accounting Department, 901 North Lake Destiny Road, Suite 400, Maitland, FL 32751 or finance@fpocf.org.

SELECT YOUR STATUS

- Foster Parent, Adoptive Parent, Independent Living, Employee, Provider, Vendor, Sub-Contractor, Relative/Non-Relative Caregiver

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH Credits)

I (we) hereby authorize Family Partnerships of Central Florida and its duly authorized agent to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) checking/savings account indicated below and the financial institution named below, to debit and/or credit the same to said account.

FINANCIAL INSTITUTION, BRANCH, CITY, STATE, ZIP, TRANSIT/ABA NO., ACCOUNT NO., TYPE OF ACCOUNT: CHECKING, SAVINGS

ATTACHMENTS & PROCESS

Please attach EITHER a blank voided check for a checking account OR a letter from your bank that includes your pre-printed name and address. Please note that we cannot accept starter checks. If received, they will be returned to you with your paperwork, and we will not be able to set up the direct deposit option for you.

Once the authorization form is received, the information will be verified before the program is initiated. It will take up to one month for Family Partnerships of Central Florida and its duly authorized agent to verify and process the information to begin reimbursing you via direct deposit.

This is to remain in full force until Family Partnerships of Central Florida and its duly authorized agent has received written notification from me (us) of termination in such time and in such manner as to afford Family Partnerships of Central Florida or its duly authorized agent and the financial institution named a reasonable opportunity to act on it.

NAME(S) AS LISTED ON ACCOUNT (Two signatures are required for joint accounts.)

NAME (PLEASE PRINT), PHONE, SIGNATURE, DATE, MAILING ADDRESS, CITY, STATE, ZIP, EMAIL ADDRESS