



DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

This form authorizes the Reimbursement agent to deposit payments directly into the bank account listed below and, if necessary, reverse any incorrect credit entries made in error related to the payments. This agreement will remain in effect until the ELC of Broward receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form. I understand that, for my protection, verbal notifications of direct deposit cancellation will result in a stop payment of the reimbursement. The ELC will not issue payment until a written notice of cancellation is provided and verified. I agree to resubmit this form immediately (within one business day) in the event that there are any changes to the bank or bank account, Federal ID, address, or if I decide to stop direct deposit.

Please Select One:

- New Application
 Change in Federal ID
 Waive Direct Deposit
 Change Address
 Change in Direct Deposit Information
- (All live checks will be sent out via USPS, and will not be available to be picked up in person. In the event of a lost check, there will be a \$15 bank fee to re-issue payment)

Vendor Information: (Please Print Clearly)	Financial Information: (Please Print Clearly)
Name of Individual/Business: <input style="width:90%;" type="text"/>	Name of Bank: <input style="width:90%;" type="text"/>
Business Address: <input style="width:90%;" type="text"/>	Address: <input style="width:90%;" type="text"/>
City: <input style="width:20%;" type="text"/> State: <input style="width:15%;" type="text"/> Zip: <input style="width:15%;" type="text"/>	City: <input style="width:20%;" type="text"/> State: <input style="width:15%;" type="text"/> Zip: <input style="width:15%;" type="text"/>
Mailing Address: <input style="width:90%;" type="text"/>	Name of Bank Account Holder: <input style="width:90%;" type="text"/>
City: <input style="width:20%;" type="text"/> State: <input style="width:15%;" type="text"/> Zip: <input style="width:15%;" type="text"/>	
Daytime Telephone Number: <input style="width:90%;" type="text"/>	
Provider Identification Number (FEIN or SSN): <input style="width:90%;" type="text"/>	

>>>>> PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION <<<<<<
Please submit this form and a voided check copy to invoices@elcbroward.org.
The name of the Vendor/Business MUST match the VOIDED Check.

Vendor Signature (Please sign in blue ink)	Name and Title	Date

Due to processing time, the first payment following updated banking information will be issued as a live check and mailed via USPS. This will allow the ELC the ability to verify the banking information. As long as the banking information is correct, all payments going forward will be issued as a direct deposit.

OFFICE USE ONLY:

Verification Date and Time:	Verified By (ELC Broward Staff):
Verified With (Individual):	Inputted Into Accounting Software: