

Early Learning Coalition of Florida's Heartland, Inc.

www.elcfh.org

AUTHORIZATION AGREEMENT FOR ACH CREDITS
*Be sure to include a copy of your voided check from your
banking institution of choice – no counter checks will be accepted.*

EARLY LEARNING COALITION
OF FLORIDA'S HEARTLAND, INC.
Company

65-1047991

ID Number

I (We) hereby authorize Early Learning Coalition of Florida's Heartland, Inc., hereinafter called COMPANY, to initiate credit entries and/or correction entries to our [] Checking [] Savings account (select one) indicated below at the depository named below, hereinafter called BANK, to credit the same such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME

STREET ADDRESS

CITY

STATE

BANK TRANSIT/ABA NUMBER (9 digits)

ACCOUNT NUMBER

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK reasonable opportunity to act upon it.

NAME (account name on check)

TAX ID NUMBER (FEID or SS)


SIGNATURE

DATE

SIGNATURE

DATE



 **Charlotte Office**
2886 Tamiami Trail, Suite 1
Port Charlotte, FL 33952
Phone: (941) 255-1650
Fax: (941) 255-5856

 **Highlands Office**
6432 US HWY 27 South
Sebring, FL 33876
Phone: (863) 314-9213
Fax: (863) 314-4480



OFFICE OF
Early Learning
LEARN EARLY. LEARN FOR LIFE.

"INVESTING IN CHILDREN – INVESTING IN OUR FUTURE"