



Family Partnerships of Central Florida

BREVARD | ORANGE | OSCEOLA | SEMINOLE

AUTHORIZATION FOR DIRECT DEPOSIT

To enroll in our direct deposit program, please complete this authorization form and return it to:

Family Partnerships of Central Florida
Attn: Accounting Department
901 North Lake Destiny Road, Suite 400
Maitland, FL 32751
Email: fiscal@fpocf.org

Please attach a voided check with your pre-printed name and address for a checking account or a printout from your bank with your pre-printed name and address. We cannot accept starter checks. Your direct deposit will not be set up if we receive a starter check or no check, and your paperwork will be returned to you.

This information will be used to ensure the deposit is transferred into the proper account. Once the authorization form is received, the information will be verified before we initiate the program. After you enroll, it will take approximately three to four weeks for FPOCF to verify and process the information and begin reimbursing you via direct deposit. Any changes in banking information (account numbers, financial institutions) made to your direct deposit will result in the changes being treated as a new enrollment. **If you are making a change from a joint account to a single account, this form will need to be signed by both previous account holders before any change is made.**

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH Credits)

I (we) hereby authorize FPOCF, 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. _____
(MUST BE 9 DIGITS)

TYPE OF ACCOUNT: CHECKING SAVINGS

This is to remain in full force until FPOCF has received written notification requesting cancellation of the direct deposit service. **Please notify the FPOCF finance department immediately when closing or changing your account.**

NAME(S*) AS LISTED ON ACCOUNT

NAMES(S) (PLEASE PRINT) _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

***Two signatures are required for joint accounts.**

HOME ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

July 2024