



AUTHORIZATION FOR DIRECT DEPOSIT

To enroll in the Embrace Families direct deposit program, please complete this authorization form and return it to Accounting. This information will be used to ensure your payment is deposited into the proper account.

1. PLEASE CHECK YOUR STATUS:

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

2. AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH Credits)

I (we) hereby authorize Embrace Families 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 CODE _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____
(MUST BE 9 DIGITS)

TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS

3. MAKE SURE YOU ATTACH EITHER A:

Blank voided check for a checking account OR **Letter** (completed by bank) for a checking/savings account.

Please notify the Accounting department immediately if closing your account or address change.

Mail or email your completed form and attachment to:

Embrace Families Inc.
4001 Pelee St.
Orlando, FL 32817
(P) 321-441-2060
Accounting@EmbraceFamilies.org

Once the authorization form is received, the information will be verified before the program is initiated. It will take **up to one month** for Embrace Families and its duly authorized agent to verify and process the information to begin reimbursing you via direct deposit. During this period, you will continue to be issued a live check. Any changes in banking information (such as account numbers and/or financial institutions) made to your direct deposit will require a new enrollment.

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

4. NAME(S) AS LISTED ON ACCOUNT _____ / _____
(Please Print) (Phone Number)

Signature

Date

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

Date

Mailing Address _____

City, State, & Zip Code

Email Address: _____
