

**AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENTS**  
(Please print or type all information)

1. Enter the following vendor information

Provider Name _____
Street _____
City _____ State _____ Zip _____
Telephone # _____ Contact _____
Contact email address _____

2. Complete Section A for new enrollments or for financial institution or account changes. Note: For new enrollments, this form is not required if the vendor has been previously enrolled. Attach a void check or deposit ticket.
3. Complete Section B to cancel the electronic deposit authorization

**Section A: Enrollment or Change Authorization**

Select One \_\_\_\_\_ New Enrollment \_\_\_\_\_ Financial Institution/Account Change

Bank Name _____
Account Holder Name _____
Branch (if applicable) _____
City _____ State _____ Zip _____
Transit/ABA No. _____ Account No. _____
Account Type (select one) _____ Checking Account _____ Saving Account

I, the undersigned, authorize The Family Conservancy to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until The Family Conservancy receives written notice of cancellation from me.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (Printed) \_\_\_\_\_

**Section B. Cancellation**

I, the undersigned, hereby cancel the authorization for The Family Conservancy to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as The Family Conservancy has reasonable opportunity to act upon it.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (Printed) \_\_\_\_\_