

ACH Payment Agreement Form

Provider/Vendor Name: _____

Employer Identification Number: _____ **OR Social Security Number:** _____

ACH Payment Action Required (check one): Start Change

Account Information

Name of Financial Institution: _____

Routing number: _____

Checking Account Number: _____

Contact Information

1st Contact person: _____ Title: _____

Fax Number: _____ Email: _____ Phone Number: _____

2nd Contact person: _____ Title: _____

Fax Number: _____ Email: _____ Phone Number: _____

Authorization Agreement

I (we) hereby authorize The Children's Services Council of Broward County to initiate automatic deposits (credits) to my (our) account at the financial institution named above. Additionally, I authorize The Children's Services Council of Broward County to initiate the necessary debit entries/ adjustments in the event that a credit entry is made in error.

Further, I agree not to hold The Children's Services Council of Broward County responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until terminated in writing with 15 Business days notice to The Children's Services Council of Broward County to allow adequate time to effect termination. The Authorized Signatories below hereby authorize these payment instructions and accept the terms and conditions for ACH payments on the reverse side of this form.

Signature of Authorized Signer on Account (specified above)

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

Please attach a VOIDED check to verify bank details and routing number.

**This form must be returned to CSC of Broward County's Fiscal Department,
6600 W. Commercial Blvd Lauderhill, FL 33319**

INSTRUCTIONS

This form is for Providers doing business with the Children’s Services Council of Broward County. Only forms with original signatures will be accepted.

Processing time is approximately 15 business days following the receipt of the completed form. Please complete all the information requested on this form. If there is a change in account information (such as change to the account name, bank account number or transit-routing number) please check “change” in the appropriate box at the top of the form. The accuracy of the information provided in the Account Information section is very important. Please attach a voided check or pre-printed deposit slip to verify bank details and routing number. Providing account information does not authorize the Children’s Services Council of Broward County to access account activity on your account.

The Provider Name on the ACH Payment Agreement Form must match the Provider Name on file with Children’s Services Council of Broward County Provider payment system for payments to be sent electronically. We cannot send different payments to different accounts at this time. All payments from the Children’s Services Council of Broward County will be sent to the single account you designate.

TERMS AND CONDITIONS

We will initiate a pre-notification to your financial institution prior to making a payment based on this authorization. The pre-notification is a zero dollar entry transmitted to your financial institution for the purpose of verifying the accuracy of the account and transit-routing numbers provided and entered into our system.

An authorized representative of the payee must make any changes to the information provided on this form in writing. Changes to account information will cause the original authorization to be immediately inactivated and the new information to be processed as described above. The authorization will remain in effect until terminated in writing with 15 business days’ notice to the Children’s Services Council of Broward County to allow adequate time to effect termination. The Children’s Services Council of Broward County will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this ACH Payment Agreement Form.

Payments will be made under this authorization using the NACHA format with addenda records. The addenda records give remittance information about the payment. You must make arrangements with your bank to receive this addenda information.

For CSC Fiscal Department Use Only:

Date received: _____ Date of Pre-note: _____

Entered by: _____

Comments: _____
