



AUTHORIZATION AGREEMENT FOR ACH CREDITS

**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
3028 Caring Way, Suite 4
Port Charlotte, FL 33952
Phone: 941 255-1650
Fax: 941 255-5856

♡ DeSoto Office
4 W Oak Street, Ste. H
Arcadia, FL 34266
Phone: 863 494-5233
Fax: 863 494-5291

♡ Hardee Office
324 N. 6th Avenue,
Wauchula, FL 33873
Phone: 863-767-1002
Fax: 863-767-1007

♡ Highlands Office
209 N. Ridgewood Drive
Sebring, FL 33870
Phone: 863-314-9213
Fax: 863-314-4480