

The Volunteer Florida Foundation, Inc.

Vendor Electronic Funds Transfer:

This Authorization Form, which is provided, gives The Florida Commission on Community Service dba Volunteer Florida and your financial institution authority to deposit funds to your account. Simply complete the form in order to take advantage of Electronic Funds Transfer.

All you need to do is:

- 1.) Mark the box to indicate the type of account your deposit will be deposited into (Checking Account or Savings Account.)
2.) Fill in the Date, the Financial Institution Name, the Branch Name, City and State, your Company Name and sign the form on the signature line.
3.) Fill in your 9-Digit Bank Routing Number and your Account Number.

NOTE: Be sure to sign the form !

AUTHORIZATION: Please fill out and return to the payer. The payer will retain this on file for their records.

I authorize The Volunteer Florida Foundation, Inc. and the financial institution
Company Name

listed below to initiate/receive electronic credit entries, and if necessary, debit entries for any credit entries made in error to the following account:

Checking Account Savings Account

This authority will remain in effect until I have cancelled it in writing.

Date:

FINANCIAL INSTITUTION

COMPANY NAME (PLEASE PRINT)

BRANCH

VENDOR ID NUMBER (to be added by VF Staff)

CITY STATE

SIGNATURE

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER INFORMATION

Empty box for Transit Routing Number

Empty box for Account Number Information

NOTE: Only 9 digits in Routing Numbers